

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1/10/08

TIME OF INCIDENT 1025

REPORT NUMBER E08-002A

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>#8 Warehouse</u>	DIVISION/SECTION	REPORTING PERSON <u>Keith Rush</u>	PHONE/RADIO <u>X1332</u>
---------------------------------	------------------	---------------------------------------	-----------------------------

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
U-1	1025	1030	1049	1049
U-2 E-3	1025	1030	1034	1036
U-3	1025	1030	1049	1049
<u>Argus</u>	1040	1042	—	—

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	1033	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> _____		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> _____		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		(Rescue 28, S-S)	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) ext 2-3031	1032	<input type="checkbox"/> WPSI Railserve, ext 2-2504	
(Notify for the fire pumps)		(U201 or U202, 1-A)	
		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Corena LeDonne
O: /Plant/pt/Public/Plant protection Forms

DISPATCHER (Signature) Corena LeDonne

Rev. 09/09/06

CUSA-CSB-0019771

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CFD responded to #8 warehouse for the report of a leaking drum of CitriKleen. Upon Arrival it was ~~del~~ confirmed to be CitriKleen leaking from a tote at approx 2-3 drips per 5 seconds. The area was turned over to EOD (HazWaste) to help move mat'l from the leaking tote to a good tote and clean the area up.

Martin S. Sylva
NAME(Print)

11/10/08
DATE

[Signature]
SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1/14/08

TIME OF INCIDENT 1657

REPORT NUMBER E08-003 D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>12 ppm</u> <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>R-610</u>	DIVISION/SECTION <u>NO-150</u>	REPORTING PERSON <u>HO</u>	PHONE/RADIO <u>2-2154</u>
--------------------------	-----------------------------------	-------------------------------	------------------------------

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>U-1</u>	<u>1657</u>	<u>ops chief</u>		
<u>U-2</u>	<u>1657</u>			
<u>U-3</u>	<u>1657</u>			
<u>U-9</u>	<u>1657</u>			
<u>U-11</u>	<u>1657</u>			
<u>BC-60</u>	<u>1657</u>	<u>ISO COMMAND @ 1703</u>		
		<u>COMMANDS transferred to ops chief @ 1722</u>		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050		<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/>		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/>		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		(Rescue 28, S-S)	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
(Notify for the fire pumps)		(U201 or U202, 1-A)	
		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper
O: /Plant/ri/Public/Plant protection Forms

DISPATCHER (Signature) George Harper

Rev. 09/09/06

CUSA-CSB-0019773

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____
SUPERVISOR _____ PHONE _____
CHEVRON CONTACT _____ PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Units responded to a report of a leak on
R610. Upon arrival, unit noted foam on ground
that was applied earlier to leak. Units took
readings and received O₂ 16.6 and .2 Benzene
four feet from source. Ops isolated R601
and corded reactors down with Hydrogen.
The product was feed stock and there
was no outside impact.

David Ferguson 1-12-08 [Signature]
NAME(Print) DATE SIGNATURE
BATTALION CHIEF [Signature] STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1/14/08

TIME OF INCIDENT 0830

REPORT NUMBER E08-00515

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>N-ISO Boundary</u>	<u>N-ISO</u>	<u>Kath Christen</u>	<u>2-3348</u>

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>02</u>	<u>0830</u>	<u>0833</u>	<u>0900</u>	<u>0905</u>
<u>01</u>	<u>0830</u>	<u>0840</u>	<u>0900</u>	<u>0905</u>
<u>E3</u>	<u>0845</u>	<u>0847</u>	<u>0900</u>	<u>0905</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>0836</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/>		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/>		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		(Rescue 28, S-S)	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
(Notify for the fire pumps)		(U201 or U202, 1-A)	
		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Scott Joseph
 O: /Plantpr/Public/Plant protection Forms

DISPATCHER (Signature)

Rev. 09/09/06

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____
SUPERVISOR _____ PHONE _____
CHEVRON CONTACT _____ PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RESPONDED TO CHANNEL 50 FOR REPORT OF
A LCD LEAK. UPON ARRIVAL N ISO HAD A
SMALL LEAK TO PIPEWAY BETWEEN ISOMAX
AND ACCESS SE'S. PIPE WAS BLOCKED IN BY
N ISO AND CLEANUP WAS TURNED OVER TO
EOD

KWHISE

NAME(Print)

1-14-08

DATE



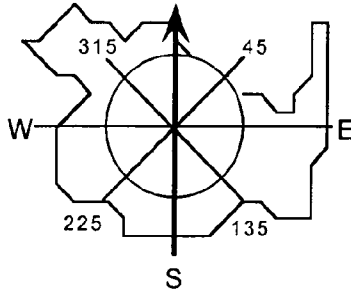
SIGNATURE

BATTALION CHIEF _____

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log
Sheet



Date of Incident: 01/14/2008

Shift: Day

Time of Incident: 8:30 am

Crew: C

Report Type: Complaint

Report From: Inside

Report Of: Spill

Source: Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 225

Wind Speed: 5

Observer: Keith Christiansen

Phone #: 3348

Observer Type: STL No Iso

Observer's Address: N/A

Observer's Description:

LCO leak from pipe in pipeway on Channel St.

Area Affected: East Pipeway between Access and Isomax St

Duration: 45 min

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Upon arrival leak was confirmed by CFD. Tester readings were 0%LEL and .1ppm Benzene. The total estimated leak volume was less than 1 barrel to the water in the pipeway. Area clean up turned over to EOD.

Remarks, Suggestions, Follow-ups To Be Made:

N/A

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Keith White _____ RSC

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1-16-08

TIME OF INCIDENT 1453

REPORT NUMBER E06-006A

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____ <u>All fires that generate a yellow sheet must have:</u> 1. A GO-106 filled out and signed by the ABUM 2. A narrative of the facts pertaining to the fire 3. FPO-60 notified for investigation purposes	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>OLD OCA BLAD</u>		<u>PHIL SWEET</u>	

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
1	1455 1453	1455	1518	
2	1455 1453	1455	1516	
3	1459 1453	1457	1518	
BC 60	1518 1453	1458	1523	
<u>ENG 3 WITH CREW</u>				

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1453</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/>		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/>		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		(Rescue 28, S-S)	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
(Notify for the fire pumps)		(U201 or U202, 1-A)	
		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) G. FARZILLA
O: /Plantprv/Public/Plant protection Forms

DISPATCHER (Signature) [Signature]

Rev. 09/09/06

CUSA-CSB-0019778

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____
SUPERVISOR _____ PHONE _____
CHEVRON CONTACT _____ PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RESPONDED TO OLD BOTTLE CLEANING AREA FOR
REPORT OF A BROKEN LINE WITH UNKNOWN
PRODUCT COMING OUT OF IT. INVESTIGATION
TURNED UP STEAM AREA RELEASED BACK
TO CLEAN UP CREW

K WHITE
NAME(Print)

1-16-08
DATE


SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1-19-08

TIME OF INCIDENT 1908

REPORT NUMBER E08-014D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>ALKY CONTACT</u>	<u>ALKY/ CRACKING</u>	<u>BILL VASSALO</u>	<u>2065</u>

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
<u>UNIT 1</u>			<u>1908</u>	<u>1912</u>	<u>1936</u>	<u>1936</u>
<u>UNIT 2</u>			<u>1908</u>	<u>1913</u>	<u>1932</u>	<u>1932</u>
<u>UNIT 3</u>	<u>TRUCK</u>		<u>1908</u>	<u>1915</u>	<u>1923</u>	<u>2000</u>
<u>B2-60</u>			<u>1908</u>	<u>1913</u>	<u>1930</u>	<u>1930</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL, (U709, 1-A) ext 2-5050	<u>1908</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895	<u>1918</u>	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

G. FARINA

DISPATCHER (Signature)

[Signature]

O: /Plantpr/Public/Plant protection Forms

Rev. 09/09/06

CUSA-CSB-0019780

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

CHEVRON CONTACT _____

PHONE _____

PHONE _____

INVESTIGATIVE RESULTS

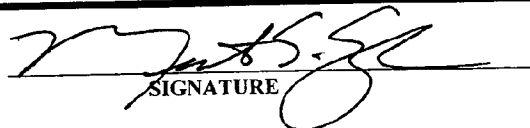
(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

~~CFD~~ CFD responded to the Alky plant for the report of A significant hydrocarbon leak from "L" contactor. Upon Arrival Ops. reported the leak was essentially stopped and the vessel had been isolated, vented and was depressuring. CFD performed Atmospheric testing in the area ~~at~~ and found 8% LEL, 1-2 ppm H_2S , 0 CO, 20.9% O_2 and .1 ppm benzene. After depressuring the leak had slowed to approx. 1-2 drips per second w/ approx. 1/2 barrel isobutane to the ground. The area was turned over to Ops. to coordinate w/ EOD to clean up the area.

Martin S. Sylva
NAME(Print)

1/19/08
DATE

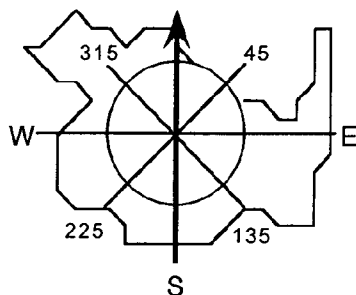

SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 01/19/2008

Shift: Night

Time of Incident: 1908

Crew: A

Report Type: Informational

Report From: Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 5 **Wind Speed:** 2 **Observer:** Bill Vassalo **Phone #:** 242-2068

Observer Type: Cracking STL

Observer's Address:

Observer's Description:

Bill Vassalo called to report a significant hydrocarbon leak coming from "L" contactor in the Alky plant.

Area Affected: Alky plant **Duration:** 5 mins

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Operations isolated the vessel and depressured it to the blowdown system which stopped the leak. Approximately 1/2 barrel of Isobutane was spilled to the ground. Area was turned over to Ops. to coordinate with EOD on cleaning the area up.

Remarks, Suggestions, Follow-ups To Be Made:

None

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE M. Sylva _____ RSC Wendell Helton

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1-25-06

TIME OF INCIDENT 1340

REPORT NUMBER EO8-017D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____

LOCATION <u>DER BUNG</u>	DIVISION/SECTION <u>DER</u>	REPORTED BY <u>SHAWN NORMAN</u>	PHONE # or RADIO <u>X2922</u>
-----------------------------	--------------------------------	------------------------------------	----------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
	TRAIN - 1		1340	1343	1400	1400
	CHIEF 1		1340	1345	1400	1400

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext 2-5050	1340	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) GFARINIA
O: /Plantprt/Public/Plant protection Forms

DISPATCHER (Signature)

Rev. 09/09/06

CUSA-CSB-0019783

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

ON Jan 25th I responded to the East Corner of D&R building #3 for the report of oil coming up from the Drain. Upon arrival D&R operator Sean Norman was next to the drain and reported that he did not pick-up any hydro-carbons on his ITK. Confirmed that there was a sheen on the water as it was coming up from the drain. I also picked up a slight hydro Carbon odor and the wind was coming from the South. Informed EOD of the problem, made face to face contact with a EOD operator and he said they where making moves to correct the problem.

Mark Jelonek
NAME(Print)

1/25/08
DATE


SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1/28/08

TIME OF INCIDENT 1450 hrs

REPORT NUMBER E08-019D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>Outside of Warehouse</u>	<u>Maint</u>	<u>G. BERRY</u>	<u>24603</u>
UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED
<u>U-1</u>	<u>Reisinger</u>	<u>Bahis Comm → 448</u>	<u>1450</u>
<u>U-2</u>	<u>De Moura</u>		<u>1450</u>
<u>U-3/E-3</u>	<u>Wimer</u>		<u>1450</u>
<u>T6C-160</u>			<u>1450</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL, (U709, 1-A) ext 2-5050	<u>1451</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserv (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

Rev. 09/09/06

CUSA-CSB-0019785

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

UNITS RESPONDED TO REPORT OF A "PIN-HOLE SIZED LEAK" 3" FROM THE TOP OF A SS GAR. DRUM OF HEXANE. UPON ARRIVAL, UNITS FOUND A BLACK SS GAR. DRUM OF HEXANE ON A PALLET, NO OUTWARD SIGN OF A LEAK, WITH A SMALL PIECE OF DUCT TAPE APPROX. 3" FROM TOP. 1TX TESTING CAME BACK NORMAL (20.9%; O₂; 0.1%; CO₂; 0.1%; SO₂). UNITS 2 & 3 APPLIED 'STICK EPOXY' TO AREA UNDER TAPE, & RETESTED 2 1TX (NORMAL RESULTS). NO LEAK COULD BE OBSERVED UNDER TAPE BEFORE OR AFTER APPLICATION OF EPOXY. SCENE TURNED

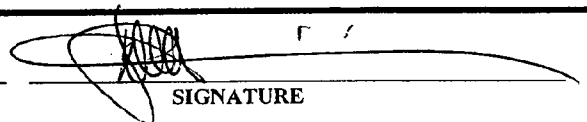
OVER TO HAZ WASTE GROUP, WHO THEN TRANSFERRED DRUM INTO AN OVERPACK DRUM. ALL UNITS RETURNED TO SERVICE & RELEASED.

KEN WIMER

NAME(Print)

1/28/08

DATE



SIGNATURE

BATTALION CHIEF _____

STAFF _____

Dispatch Report

DATE OF INCIDENT Jan. 31, 2008

TIME OF INCIDENT 0832

REPORT NUMBER *E08-021D*

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____ _____

All fires that generate a yellow sheet must have:

1. A GO-106 filled out and signed by the ABUM
2. A narrative of the facts pertaining to the fire
3. FPO-60 notified for investigation purposes

LOCATION North I 50	DIVISION/SECTION Hydro-	REPORTED BY Mark Isherwood	PHONE # or RADIO 2327
------------------------	----------------------------	-------------------------------	--------------------------

[illegible]

NOTIFICATIONS		TIME	NOTIFICATIONS		TIME
<input checked="" type="checkbox"/> RSL, (U709, 1-A)	ext 2-5050	0832	<input type="checkbox"/> Bridge,	(510)232-9444	
<input type="checkbox"/> STL			<input type="checkbox"/> Richmond Dispatch,	(510)233-1214	
<input type="checkbox"/> STL			<input type="checkbox"/> RPD Watch Comm.	(510)620-6643	
<input type="checkbox"/> Clinic	ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch	(925)646-2441	
<input type="checkbox"/> Clinic Front desk	ext 2-3032		<input type="checkbox"/> CHP,	(707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic	(562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch	(510)286-6359	
<input type="checkbox"/> Safety	Pager (510)247-5123		<input type="checkbox"/> Coast Guard,	(415)399-3547	
<input type="checkbox"/> CFD Chief 1	ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.)	(415)553-7400	
<input type="checkbox"/> FPO-60	ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR,	(888)650-5472	
<input type="checkbox"/> S-1	ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star	(800)252-5050	
<input type="checkbox"/> Truck Scales	ext. 2-4571			(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations	ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat,	(510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C)	ext. 2-2689		<input type="checkbox"/> National Response Center	(800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps	2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A)	2-2504	
<input type="checkbox"/> U&E STL (1-D)	cell 815-1031				
<input type="checkbox"/> MGR emergency Services, Cell	(510)812-0637		<input type="checkbox"/> General Chemical]	ext. 2-2495	

DISPATCHER (Print)

DISPATCHER (Signature)

O: /Plantpro/Public/Plant protection Forms

Rev. 09/09/06

CUSA-CSB-0019787

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What ,When, Where, Why, How)

N.Iso. had a analyzer builder with a tubing leak. There was approx. 2 gal of hydrocarbon on the floor. Operation soaked it up with absorbant pads using Respirators while doing so. When CFD arrived it was all cleaned up.

Rob Miller

NAME(Print)

1-31-08

DATE

Rob Miller

SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 2-9-08

TIME OF INCIDENT 10:27

REPORT NUMBER

E08-028E

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint: <u>light cycle</u></u> <u><u>oil in Deluge System.</u></u>
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>FCC</u>	<u>CRACKING</u>	<u>Beuc</u>	<u>2-2322</u>

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
<u>BC 60</u>			<u>10:27</u>	<u>10:</u>		
<u>Unit 1</u>		<u>10:44 Accumul Command</u>	<u>10:27</u>	<u>10:30</u>	<u>10:54</u>	
<u>Unit 2</u>		<u>FCC Command</u>	<u>10:27</u>	<u>10:30</u>		
<u>Unit 3</u>			<u>10:27</u>	<u>10:30</u>		
<u>S/DI</u>		<u>Cancelled</u>	<u>10:27</u>	<u>10:40</u>		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input type="checkbox"/> RSL, (U709, 1-A) ext 2-5050	<u>10:27</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-I ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

O: /Plantprt/Public/Plant protection Forms

DISPATCHER (Signature)

Rev. 09/09/06

CUSA-CSB-0019789

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

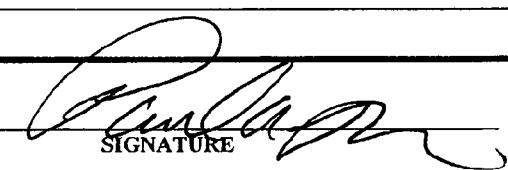
RESPONDED TO A REPORT OF MCO IN
THE DAYLUGE^{DELUGE} SYSTEM AT FCC. UNIT 2 ESTABLISHED
COMMAND AND MADE CONTACT. UNIT 1 & 3 ARRIVED ON SCENE
UNIT 1 TOOK OVER COMMAND. ~~W/~~ WITH ~~FOR~~ FURTHER
INVESTIGATION WITH OPERATORS, A LINE WAS LEAKING
INTO THE DELUGE SYSTEM. ALL UNITS RETURN TO
SERVICE ~~TH~~ AND TURN OVER TO OPERATORS.

PAUL REISINGER

NAME(Print)

2-9-08

DATE



SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 2/20/08

TIME OF INCIDENT 08:43

REPORT NUMBER E08-033D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>DJR 5cat on Foundation</u>	DIVISION/SECTION <u>DJR</u>	REPORTED BY <u>Doug Lof</u>	PHONE # or RADIO <u>5193</u>
---	--------------------------------	--------------------------------	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
u-1-	Raisinger		08:44	08:46		09:16
u-2	Johnson		08:44	08:46		09:09
u-3	wimer		08:44	08:46		09:16
u-4	Ferrer		08:44	08:48		09:07
BC 60	Angeli		08:44	08:49		09:15

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL, (U709, 1-A) ext 2-5050	08:46	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Steve Hardin
O: /Plantpr/Tublic/Plant protection Forms

DISPATCHER (Signature) [Signature]

Rev. 09/09/06

CUSA-CSB-0019791

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

RESPONDED FOR A CALL OF HIGH LEL @ 700°
READINGS AT SCAT by DOUG from D+R.
BC GO ANGELI, ~~UNIT~~ UNIT 1 Reisinger,
UNIT 2 FF JOHNSON, UNIT 3 FF WIMER, AND
UNIT 4 CAPT FERRER ARRIVED ON SCENE.
UNIT 1 MADE CONTACT WITH D+R OPERATOR.
A STEAM RING WAS AROUND THE EXCHANGER.
AIR MONITORING WAS MADE 50 FEET AROUND
AROUND EXCHANGER WHICH HAD NO
READINGS. UNIT 1 AND ~~UNIT~~ UNIT 3 CHECK THE
EXCHANGER AT ONE FOOT AND HAD NO READING
AT 1 INCH THE LEL WAS 9 percent. THE LEAK
SEALED ITSELF WITH THE STEAM RING. THE
SCENE WAS RETURNED TO OPERATION.
ALL UNITS RETURNED BACK TO SERVICE.

PAUL REISINGER

NAME(Print)

2-20-08

DATE

Paul Reisinger

SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 3-1-08

TIME OF INCIDENT 1900

REPORT NUMBER E08-044D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Poly Plant V642</u>	DIVISION/SECTION <u>Cracking</u>	REPORTED BY <u>Eric</u>	PHONE # or RADIO <u>2440</u>
------------------------------------	-------------------------------------	----------------------------	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
U-1	Reisinger	1908/1951	1900	1907		
U-2	Johnson E-3		↓	1912		
U-3	Ferrer			1907		
BC-60	Angeli	1913		1910		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL, (U709, 1-A) ext 2-5050	1903	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Rob Miller

DISPATCHER (Signature)

Rob Miller

O: /Plantprt/Public/Plant protection Forms

Rev. 09/09/06

CUSA-CSB-0019793

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

UNIT 1 Reisinger, UNIT 2 JOHNSON, UNIT 3 Ferres,
AND BCGO^{ANSER} RESPONDED FOR A LEAK AT THE
POLY PLANT. UNIT 1 ASSUMED COMMAND AND CALLED
IT POLY PLANT COMMAND. UNIT 1 AND UNIT 3
CONTACTED OPERATIONS. THERE WAS A 4 INCH
VALVE WITH A PINHOLE LEAK. OPERATIONS
HAD A STEAM LANCE ON THE LEAK SUPPRESSING
THE VAPORS. THE PRODUCT WAS POLYMER AND BUTANE.
NIT 2+ENGINE 3 ARRIVED ON^{SCENE} AND UNIT 3 PULLED
THE BLITZ FIRE, AND PUT THE BLITZ FIRE
NEXT TO THE LEAK. THERE WAS WERE OLEL
GAS READINGS ONE FOOT AWAY^{FROM} THE LEAK.
ALL UNITS STOOD BY UNTIL THE LEAK
DEPRESSOR.

PAUL Reisinger
NAME(Print)

3-1-08
DATE

Paula Ryan
SIGNATURE

BATTALION CHIEF

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 3-2-08

TIME OF INCIDENT 0914

REPORT NUMBER E08-045D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>R 1411 R10P</u>	DIVISION/SECTION <u>Hydro-Proc</u>	REPORTED BY <u>Lynn Harris</u>	PHONE # or RADIO <u>325 8 (555)</u>
--------------------------------	---------------------------------------	-----------------------------------	--

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
BC 60	Campion	yes e 0920	0914	0919	1104	1104
U-1	Sylvia		0914	0920	1104	1104
U-2	Briseno		0914	0920	1104	1104
E-3	NOPKINS		0914	0920	1104	1104

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext 2-5050	<u>0914</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123	<u>0929</u>	<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584	<u>0920</u>	<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input checked="" type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031	<u>0915</u>	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Michelle Morris-Fortson

DISPATCHER (Signature) Michelle Morris-Fortson

Rev. 09/09/06

CUSA-CSB-0019795

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

CFD responded to RLOD, R-1411, for the report of a leak @ the top of the column. CFD stood by and observed while Ops. depressured the Rx. After pressure was reduced CFD performed visual and Atmospheric testing on the vapor cloud and got normal readings on the ITX and appeared to be a steam leak. After giving those results to Ops. the area was turned over to Ops.

WET INSULATION VAPORIZING OFF
KECK

M.S. Sylva

NAME(Print)

3/2/08

DATE



SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 3-15-08

TIME OF INCIDENT 10:11

REPORT NUMBER

E08-047D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Drill Grounds</u>	DIVISION/SECTION	REPORTED BY <u>Greg Lowe</u>	PHONE # or RADIO <u>4618</u>
----------------------------------	------------------	---------------------------------	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
BC 60			10:11	10:15		10:48
Unit 1		Drill Grounds Command	10:11	10:15		10:48
Unit 2 / Haz 60			10:11	10:15		10:48
Unit 3 / E3			10:11	10:20		10:48

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext 2-5050	10:15	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	1100	<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Mario Ferrer

DISPATCHER (Signature)

[Signature]

O: /Plantprt/Public/Plant protection Forms

Rev. 09/09/06

CUSA-CSB-0019797

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

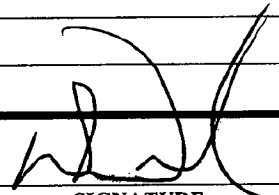
Units responded to report of diesel leak @ fire drill grounds. Upon arrival units found Car 100 leaking diesel fuel to grade near bio reactor inlet. Large hole in loading pipe was resulting in ~ 1/2 BBL/min leak. Call for vacuum truck was put in to assist in picking up diesel. Containment pools were used to stop diesel from going to grade. Air samples were taken @ source resulting in a 1.7 ppm benzene reading. 1/2 face respirator PPE requirement was put in place for all on scene. CFD was unable to stop or slow leak so vacuum truck maintained suction on containment pool. ~ 1 BBL of diesel was spilled to dirt. Vacuum truck operation was turned over to RMC, with spill area turned over to EOD. All CFD units back in service. Car 100 driver REDACTED was tested for cause and turned over to RMC G. Lowe. Both REDACTED and boilermaker REDACTED will be tested for benzene exposure between 1600 hours and 1800 hours per safety.

W. Dacko

NAME(Print)

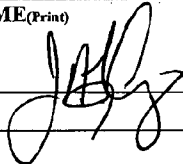
3/15/08

DATE



SIGNATURE

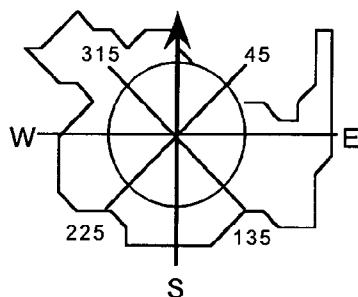
BATTALION CHIEF



STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 3/15/08

Shift: Day

Time of Incident: 1011

Crew: B

Report Type: **Report From:**

Report Of: **Source:**

Confirmed On-Site By CFRE:

Wind Direction: 315 **Wind Speed:** 6.5 **Observer:** W. Dacko **Phone #:** x4200

Observer Type: Captain

Observer's Address: Firehouse

Observer's Description:

Diesel leak from Car 100.

Area Affected: Dirt area near Bio Reactor Inlet **Duration:** 1 Hour

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Units responded to report of a diesel leak from Car 100 at the inlet to the Bio Reactor. Upon arrival units found Car 100 leaking diesel fuel to grade from the loading pipe at ~1/2 BBL/min. Car 100 was carrying ~ 1400 gallons of diesel. Containment pools were used to contain spill from going to grade. Air samples were taken at source resulting in a 1.7 PPM benzene reading. 1/2 respirator PPE requirement was put in place for all on scene within 20 feet of spill. CFD was unable to stop or slow leak, so vacuum truck was used to maintain suction on containment pool until truck was completely empty. ~ 1 BBL of diesel was spilled to dirt area. Vacuum truck operation, along with Car 100 was turned over to RMC. Contaminated dirt area was turned over to EOD.

Remarks, Suggestions, Follow-ups To Be Made:

Vacuum truck and Car 100 turned over to RMC to handle emptying of truck. Contaminated dirt area turned over to EOD for clean up.

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE W. Dacko _____ RSC D. Johnson

Chevron Fire Department Air Monitoring Sample Log Sheet

Dat 03/15/2008 Saturday

Name of Sampler Mario Ferrer/MBFE/CTINT

e

[illegible]

(1) Sample to be analyzed later
Refinery

Chevron Richmond

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 3/18/08

TIME OF INCIDENT 11:55

REPORT NUMBER E08-051D

<u>FIRE</u>		<u>ENVIRONMENTAL</u>		<u>MEDICAL AID</u>	
<input type="checkbox"/> Process	<input type="checkbox"/> Tank	<input type="checkbox"/> Class A	<input type="checkbox"/> Odor	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor
<input type="checkbox"/> Structure	<input type="checkbox"/> Trash	<input type="checkbox"/> Class B	<input type="checkbox"/> Spill	<input type="checkbox"/> Safety Notified	
<input type="checkbox"/> Grass	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Class C	<input type="checkbox"/> Noise	<input type="checkbox"/> Contractor / Company Name	
<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Electrical	<input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Reported Complaint: _____	
<input type="checkbox"/> Other _____			<input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N	_____	
<u>All fires that generate a yellow sheet must have:</u> 1. A GO-106 filled out and signed by the ABUM 2. A narrative of the facts pertaining to the fire 3. FPO-60 notified for investigation purposes			<input type="checkbox"/> GLM - complete Enviro Info Form.		
LOCATION <u># 8 Whare House Dock</u>		DIVISION/SECTION		REPORTED BY <u>Berry</u>	PHONE # or RADIO <u>4603</u>
UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART
<u>u1 - Wimer</u>		<u>Trasford @ 1207</u>	<u>11:56</u>	<u>12:00</u>	<u>12:18</u>
<u>u2 -</u>			<u>11:56</u>		
<u>u3 - Harper</u>		<u>1200</u>	<u>11:56</u>	<u>12:00</u>	<u>12:13</u>
<u>u4 -</u>			<u>11:56</u>		
<u>u5 -</u>			<u>11:56</u>		
<u>E-3 - Jelonek</u>			<u>11:56</u>	<u>12:01</u>	<u>12:03</u>
<u>Hgs-mat 60 - Johnson</u>			<u>11:56</u>	<u>12:01</u>	<u>12:03</u>
<u>BC 60</u>			<u>11:56</u>	<u>12:01</u>	<u>12:10</u>
<u>BC-5-</u>			<u>11:56</u>	<u>12:01</u>	<u>12:10</u>
<u>620-7209</u>		<u>Page 2</u>	<u>12:09</u>		
NOTIFICATIONS			TIME	NOTIFICATIONS	
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext 2-5050			<u>12:03</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL				<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL				<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240				<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032				<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831				<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123				<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895				<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433				<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584				<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571				(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400				<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689				<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031			<u>1205/0424</u> <u>1210</u>	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031					
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637				<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Steve Hardin
 O: /Plantpro/Public/Plant protection Forms

DISPATCHER (Signature) [Signature]

Rev. 09/09/06

CUSA-CSB-0019801

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

UNITS RESPONDED TO #8 WAREHOUSE TO THE REPORT OF A VERY SMALL LEAK IN A 55 GAL. DRUM OF 12.5% SODIUM HYPOCHLORATE. UPON ARRIVAL, DRUM WAS NOTED LEAKING SLOWLY (MAYBE 1 DRIP A MINUTE), NO PRODUCT ON THE GROUND. EDD NOTIFIED & ARRIVED ON SCENE. HAZ WASTE NOTIFIED BY EDD & ARRIVED. HAZ WASTE TO TRANSFER MATERIAL TO ANOTHER DRUM VIA DRUM PUMP. SCENE TURNED OVER TO HAZ WASTE. ALL UNITS BACK IN SERVICE.

Ken Wimer

NAME(Print)

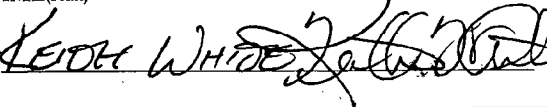
3/18/08

DATE



SIGNATURE

BATTALION CHIEF



STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 4-2-08

TIME OF INCIDENT 00:50

REPORT NUMBER E08-056 D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Box 907</u> <u>N End of Hydrogen St</u>	DIVISION/SECTION <u>SISO</u>	REPORTED BY <u>3382 Pete</u>	PHONE # or RADIO <u>3382</u>
--	---------------------------------	---	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
U1 -	SYLVA	@ 00:53 - Re-a 125	00:51	00:53	238	02:38
U2 -	Brisino		00:51	00:54	0238	0238
U3 -	Engine 3 - D-mode		00:51	00:56	01:20	01:52
BC 60 -	White	@ 00:55	00:31	00:55	01:25	01:25

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext 2-5050	00:53	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input checked="" type="checkbox"/> Truck Scales ext. 2-4571	01:15	(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031	02:50	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Steve Hardin

DISPATCHER (Signature)

[Signature]

O: /Plantprt/Public/Plant protection Forms

Rev. 09/09/06

CUSA-CSB-0019803

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

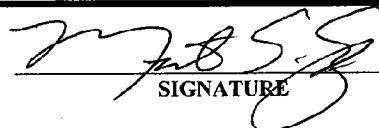
CFD responded to S. Isomax for the report of A pentane leak @ the SDA. Upon arrival Ops. had put a steam lance on the inlet flange of E-130E and cracked the line to relief. ~~the~~ Units 1+2 (Sylvia + Briseno) went up to the deck and could see no visual leak @ the flange and got approx. 16% LEL and 400 ppm H_2S on ITX. After approx. 15-20 mins. still no visual leak 62% LEL and 400 ppm H_2S on the ITX. Maint. went up to the exchanger & tightened up on the flange bolts and readings went to normal. The area was turned over to Ops. to evaluate in the morning. While on the deck Unit 2 noticed green paper gaskets on the upper side of the blind & mechanic stated a couple of bolts were hand tight.

M.S. Sylvia

NAME(Print)

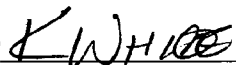
4/2/08

DATE



SIGNATURE

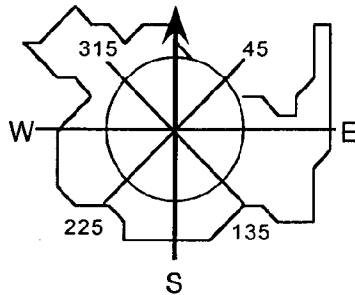
BATTALION CHIEF



STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 04/02/2008 **Shift:** Night

Time of Incident: 0050 **Crew:** C

Report Type: Complaint **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 270 **Wind Speed:** 7 **Observer:** Pete Van Rign **Phone #:** 242-3382

Observer Type: Refinery Shift team leader

Observer's Address: N/A

Observer's Description:

A small Pentane leak in the SDA on E-130E.

Area Affected: S. Isomax/SDA **Duration:** 2 hours

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

CFRE (Sylva) noted a flange with a blind in it that had no visible leak but atmospheric testing at the source of the leak showed approx. 400 ppm H₂S and 60% LEL via the ITX. Maint. tightened up on the flange bolts which reduced the readings at the source to 0 H₂S and 0 LEL.

Remarks, Suggestions, Follow-ups To Be Made:

Ops. to leave the line isolated but depressured to blowdown for the duration of the shift.

Returned Call To Observer: (Comments)

N/A. Observer on scene.

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE M.S. Sylva _____ RSC John McGowan

Chevron Fire Department Air Monitoring Sample Log Sheet

Date 04/02/2008 Wednesday

Name of Sampler Steve Hardin/STGH/CTINT

e

Sample Serial #	Time	Exact Location of Sample (address, cross streets, landmarks, etc)	Benzene	SO2	H2S	CO	NO2	NH3	Wipe Sample (1)	Bag Sample (1)	Comments
	01:08:36 AM	SISO box 907 at the source	0 ppm		high						16% LEL, Wind out of the West @ 7.79
	01:15:29 AM	SISO box 907 at the source	0 ppm		400 ppm						62% LEL, wind out of the West Light to mod.
	01:34:44 AM	High hill GLM	0 ppm		0 ppm						No detectable odors
	01:35:37 AM	Gertrude GLM	0 ppm		0 ppm						No detectable odors
	01:36:52 AM	Castro GLM	0 ppm		0 ppm						No detectable odors
	01:39:37 AM	Castro street down to Gertrude street		0 ppm	0 ppm						0 LEL, No detectable odors.
	01:42:48 AM	150 foot channel dirt road along the sphers		0 ppm	0 ppm						0 LEL, No detectable odors.
	01:43:42 AM	Hensley street and Castro		0 ppm	0 ppm						0 LEL, No detectable odors.
	01:44:02 AM	91 Gate and Castro street		0 ppm	0 ppm						0 LEL, No detectable odors.
	02:02:30 AM	SISO box 907 at the source	15.5 ppm		Over range						LEL- over range, at the source. North side of the flange.
	02:24:30 AM	SISO box 907 at the source	0 ppm	0 ppm	0 ppm						0 LEL at the source.

(1) Sample to be analyzed later
Refinery

Chevron Richmond

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 4/4/08

TIME OF INCIDENT 14:42

REPORT NUMBER E08-059D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <ol style="list-style-type: none"> 1. A GO-106 filled out and signed by the ABUM 2. A narrative of the facts pertaining to the fire 3. FPO-60 notified for investigation purposes 		

LOCATION <u>Hensley st Bldg 316</u>	DIVISION/SECTION <u>Vista Simulator Bldg</u>	REPORTED BY <u>Chuck</u>	PHONE # or RADIO <u>2814</u>
--	---	-----------------------------	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
41-	Ferrer		14:43	14:47		15:34
42-	Johnson - Engine 3		14:43	14:45		15:34
43						
B-60-	Liening		14:43			
	Brigade D&E crew		14:44			

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL, (U709, 1-A) ext 2-5050	14:48	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input checked="" type="checkbox"/> Richmond Dispatch, (510)233-1214	14:48/14:50
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input checked="" type="checkbox"/> Clinic ext 2-3240	14:48	<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	15:30	<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895	15:28	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input checked="" type="checkbox"/> U&E STL (1-D) dr. 5 lam. 822 cell 815-1031	14:49		
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Steve Hardin DISPATCHER (Signature)

O: /Plantprt/Public/Plant protection Forms Rev. 09/09/06

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

Unit 1, Capt Ferrer and Unit 2, FF Johnson responded to 990 Hensley St at the Vista Training Center for a report of Natural Gas leak. Units made contact with Chuck Braxton whom escorted units to closet in Mears Bathroom. Room had slight odors of Natural Gas but no readings were detected on the ITC. Chuck pointed out a 3/4 inch dead leg line located in utility closet. He stated the line was swapped, and leak was detected on 90° elbow. CFD and Utilities Isolated the main Natural gas lines going to building. line was tagged out and utilities took over scene.

Mario Ferrer
NAME(Print)

4/4/08
DATE

[Signature]
SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 4/11/08

TIME OF INCIDENT 1028

REPORT NUMBER E08-0647D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <ol style="list-style-type: none"> 1. A GO-106 filled out and signed by the ABUM 2. A narrative of the facts pertaining to the fire 3. FPO-60 notified for investigation purposes 		

LOCATION <u>Tally - Room</u>	DIVISION/SECTION <u>Maintenance</u>	REPORTED BY <u>Dts</u>	PHONE # or RADIO <u>2247</u>
---------------------------------	--	---------------------------	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
01	<u>Resinger</u>		<u>1028</u>	<u>1031</u>		<u>1048</u>
03/E-3	<u>Shaughnessy</u>		<u>1028</u>	<u>1031</u>		<u>1040</u>
04	<u>Poy</u>		<u>1028</u>	<u>1031</u>		<u>1048</u>
B/L 60			<u>1028</u>	<u>1031</u>		<u>1037</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> DRSL, (U709, 1-A) ext 2-5050	<u>1029</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Scott Joseph DISPATCHER (Signature) [Signature] #07

Rev. 09/09/06

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

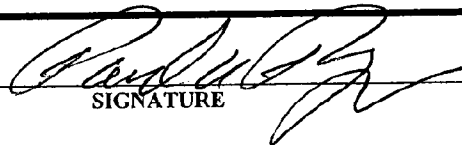
(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

RESPONDED TO A GASOLINE LEAK FROM
A DAIHATSU. UNIT ONE REISINGER, UNIT 3
SHAUGHNESSY, ~~AK~~ UNIT 4 POY, AND BC WHITE
BY THE TALLEY ROOM. WITH FURTHER INVESTIGATION
THE GAS TANK WAS OVER FILLED. THE HEAT OF
THE DAY CAUSED THE TANK TO OVER FILL
PRESSURE AND GASS WENT TO GROUND. ENGINE 3
WENT BACK TO SERVICE. UNIT 1 AND 4
DEPRESSURIZE THE GAS TANK, PUT ABSORBENT
ON GROUND, CLEANED UP 8 OZ OF GASOLINE.
THE KEYS WAS GIVEN TO AN I&E
PERSONAL.

PAUL REISINGER
NAME(Print)

4-11-08
DATE


SIGNATURE

BATTALION CHIEF KWH-08

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 5/2/08

TIME OF INCIDENT 1235 hrs

REPORT NUMBER EOB-073D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <u>0.3</u> <input checked="" type="checkbox"/> Leak - Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>sewer cover in SDA</u>	DIVISION/SECTION <u>Hydro</u>	REPORTED BY <u>CASEY</u>	PHONE # or RADIO <u>2-4701</u>
---------------------------------------	----------------------------------	-----------------------------	-----------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
1	Ferrier	Boomer	1240-1319 1235	1240	1320	1320
2	Harbil		1235	1241	1320	1320
3/E-3	Johnson		1235	1242	1318	1318
	Bebo Angeli		1235	1244	1319	1319
	Fire Brigade: R. Watts			1240	1318	1318
	Chris Frankel			1240	1318	1318

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext 2-5050	1237	<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> STL U-114 Isherwood	1239	<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031	1246	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

O: /Plantprt/Public/Plant protection Forms

Rev. 09/09/06

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

Units responded to SISO for report of Vapors coming out of
Sewer. Units tested Area and reported 3 Beers and 0% LEL
at Sewer. Units took manhole at sewer and received 0 R
LEL. Discussed situation with ops and they stated All their
Sewers have LEL in the Smax, however, they are uncertain
about Liquid in Sewer that was bubbling out. Units checked
Sewer again, and Liquid stopped. EOD had been informed
and Beers, 4 and 0% LEL with Sewer manhole
attached. Plant was turned back to ops, for this is
normal for this area.

Antonio Ferra

NAME(Print)

5-2-08

DATE

[Signature]

SIGNATURE

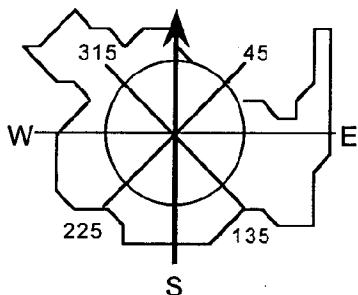
BATTALION CHIEF

[Signature]

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 05/02/2008 **Shift:** Day

Time of Incident: 1235 **Crew:** D

Report Type: Complaint **Report From:** Inside

Report Of: Visible Emission **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 203 **Wind Speed:** 2 **Observer:** Operations **Phone #:** 4701

Observer Type: Operations

Observer's Address: 841 Chevron Way

Observer's Description:

Vapors/ Liquid coming out of sewer

Area Affected: SISO **Duration:** 1 hr

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Units arrived on scene at South Isomax and took readings on sewer manhole at the SDA. Benzene was .3 and LEL was 0 %. Appeared product was bubbling from the manhole as well. Units lifted man hole and LEL was OR. Covered manhole and layed covered with a water stream. Took readings again with man hole lid on and Benzene was .4 LEL was 0%. HO said this is normal for these sewers to be hot. CFD units checked others sewers in the area and they were hot as well. Area turned back over to ops.

Remarks, Suggestions, Follow-ups To Be Made:

None

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer _____ RSC

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 5/8/08

TIME OF INCIDENT 1241

REPORT NUMBER E08-076D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <u>0.8 ppm</u> <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>24 pump station</u>	DIVISION/SECTION <u>B&S</u>	REPORTED BY <u>Chris R</u>	PHONE # or RADIO <u>cell phone</u>
------------------------------------	------------------------------------	-------------------------------	---------------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
1	<u>FERRER</u>	<u>24 ps / 1247</u>	<u>1241</u>	<u>1243</u>	<u>1252</u>	<u>1252</u>
2	<u>HARDIN</u>		<u>1241</u>	<u>1243</u>	<u>1252</u>	<u>1252</u>
3	<u>JOHNSON</u>		<u>1241</u>	<u>1243</u>	<u>1252</u>	<u>1252</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL, (U709, 1-A) ext 2-5050	<u>1242</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> STL <u>717 R. white</u>	<u>1245</u>	<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

O: /Plantprt/Public/Plant protection Forms

Rev. 09/09/06

CUSA-CSB-0019814

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What ,When, Where, Why, How)

Units responded to 24 jump station for a report
of product leaking out of a pipe.

See CFRE report for details.

Mario Ferran
NAME(Print)

5-4-08
DATE

[Signature]
SIGNATURE

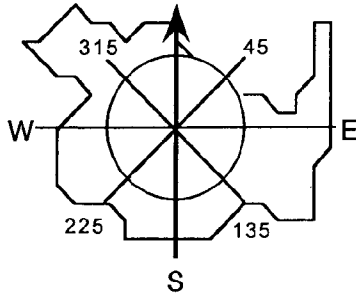
BATTALION CHIEF _____

[Signature]

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 05/04/2008 **Shift:** Day

Time of Incident: 1241 **Crew:** D

Report Type: Complaint **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 187 **Wind Speed:** 24 **Observer:** Chris Ramiez **Phone #:** 2182

Observer Type: Operator

Observer's Address: 841 Chevron way

Observer's Description:

Stated there is liquid coming out of pipe

Area Affected: 24 Pump Station **Duration:** 1

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Captain Ferrer, Firefighter Hardin, and firefighter Johnson arrived to 21 pump station for a report of a leaking pipe. Units noticed a 3" pipe with a wood plug on the open end that was used to contain liquid. The pipe came from out of the hillside below Standard Ave and the other end started from an unknown area. Product appeared to be a clear liquid dripping, but ground containment looked black. Units took readings and 1" from product was .8 ppm Benzene and 0% LEL, 0 ppm H₂S. Breathing zone was zero for all readings. PH showed 6.5. SLT R White arrived on scene and stated that it appeared to be just water and the black product on the ground was rust and run off collected from the pipe. R White ordered a vacuum truck to pick up product. Truck was to arrive within the next hour. Units turned plant back over to ops.

Remarks, Suggestions, Follow-ups To Be Made:

None

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer _____ RSC

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 5/21/08

TIME OF INCIDENT 0649

REPORT NUMBER E08-0831D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Enviro Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Grubbe St Pump Station</u>	DIVISION/SECTION <u>CHEVRON PIPE LINE</u>	REPORTED BY <u>maria swadlow</u>	PHONE # or RADIO <u>8126</u>
---	--	-------------------------------------	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
U1	<u>Risinger</u>		<u>0649</u>	<u>0654</u>		<u>1100</u>
U2	<u>Shughnessy</u>		<u>0649</u>	<u>0654</u>		<u>1100</u>
U3	<u>Tandaguen</u>		<u>0649</u>	<u>0654</u>		<u>1100</u>
U4	<u>Miller</u>		<u>0649</u>	<u>0700</u>		<u>1100</u>
E-3	<u>Tebeck</u>		<u>0649</u>	<u>0700</u>		<u>1025</u>
Foam 60	<u>Bosworth</u>		<u>0710</u>	<u>0720</u>		<u>1050</u>
Richmond Fire	<u>ST 67</u>		<u>0740</u>	<u>0754 (House coverage)</u>		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL, (U709, 1-A) ext 2-5050	<u>0654</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> STL		<input checked="" type="checkbox"/> Richmond Dispatch, (510)233-1214	<u>0718</u>
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext 2-3032		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	<u>0700</u>	<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895	<u>0649</u>	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433	<u>0649</u>	<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126, 1-G) call for fire pumps 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) cell 815-1031			
<input type="checkbox"/> MGR emergency Services, Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Scott Sogal

DISPATCHER (Signature)



O: /Plantprt/Public/Plant protection Forms

Rev. 09/09/06

CUSA-CSB-0019817

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

UNIT ONE REISINGER, UNIT 2 SHAUGHNESSY, UNIT 3 TANDAGUEN, AND BC 60 KIRBY RESPONDED TO A GASOLINE ODOR AT 940 HENSLEY STREET. UNIT 2 AND UNIT 3 ARRIVED ON SCENE AND TALKED TO THE R.P. UNIT 1 AND BC 60 ARRIVED ON CASTRO AND HENSLEY STREET AND CONTINUED INTO THE REFINERY ~~ON~~ ^{VIA} THE OLD FERTILIZER PLANT. ALL UNITS INVESTIGATED & TOWARDS THE ODOR. UNIT 3 LOCATED A LEAK AT THE SP PIPELINE PUMP LEAKING GASOLINE AT ABOUT 5 GALLON A MINUTE. BC 60 CALLED COMMAND. A FIRST, SECOND, AND THIRD AREA ALARM WAS STRUCK. RICHMOND COVERED THE HOUSE. CALL B+S TO SHUT DOWN THE PIPE LINE. APPLIED FOAM ON GASOLINE, TOOK BENZENE READINGS, LEL READINGS, DRAINED AT THE SUMP WITH THE VACUUM TRUCK. FIRE BRIGADE MEMBERS HELP. CHEVRON PIPELINE EMERGENCY RESPONSE TEAM TOOK OVER THE SCENE.

PAUL REISINGER

NAME(Print)

5-21-02

DATE

Paul Reisinger

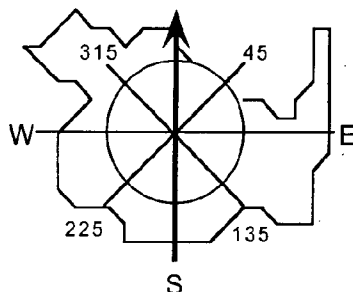
SIGNATURE

BATTALION CHIEF _____

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 05/21/2008 **Shift:** Day

Time of Incident: 0649 **Crew:** B

Report Type: Complaint **Report From:** Inside

Report Of: Odor **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 315 **Wind Speed:** 10 **Observer:** Martin Swindermen **Phone #:** X8126

Observer Type: Chevron employee

Observer's Address: 940 Hensley Street

Observer's Description:

Smells like gasoline

Area Affected: South East Of the Refinery **Duration:** 10 minutes

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Air sampled areas down wind and located a Pump flow indicator leaking at the Chevron pipe line pumps. Chevron fire applied foam and isolated equipment.

Remarks, Suggestions, Follow-ups To Be Made:

Chevron Fire and Chevron pipe line emergency responded

Returned Call To Observer: (Comments)

none

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Paul Reisinger _____ RSC

Chevron Fire Department Air Monitoring Sample Log Sheet

Date 05/21/2008 Wednesday

Name of Sampler Scott Joseph/RJOS/CTINT

e

Sample Serial #	Time	Exact Location of Sample (address, cross streets, landmarks, etc)	Benze ne	SO2	H2S	CO	NO2	NH3	Wipe Sample (1)	Bag Sample (1)	Comments
	06:54:28 AM	940 Hensley St			0	0		0			0 readings ITX / yes (Strong) odor threshold (gasoline odor
	07:00:41 AM	940 Hensley St			0	0		0			0 readings ITX / yes odor threshold (gasoline odor)
	07:10:37 AM	Hensley St & Castro			0	0		0			0 readings ITX / 0 odor threshold
	07:18:31 AM	Frontage Rd heading to Gertrude St pump station			0	0		0			0 readings ITX / yes odor threshold (gasoline odor)
	07:20:58 AM	Gertrude St pump station			0	0		0			0 readings ITX / yes odor threshold (gasoline odor)
	07:35:29 AM	Castro St (GLM)	0	0	0	0		0			0 readings ITX / 0 odor threshold
	07:41:12 AM	Hensley St gate & Castro st	0	0	0	0		0			0 readings ITX / 0 odor threshold
	07:50:50 AM	Gate 67 & Gertrude st	0	0	0	0		0			0 readings ITX / 0 odor threshold
	07:57:41 AM	Hensley St gate & Castro st	0	0	0	0		0			0 readings ITX / 0 odor threshold
	08:06:22 AM	Castro St (GLM)	0	0	0	0		0			

(1) Sample to be analyzed later
Refinery

Chevron Richmond

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 6/26/08

TIME OF INCIDENT 1900

REPORT NUMBER E08-1000

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ CFM Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>RIP</u>	DIVISION/SECTION <u>Marketing</u>	REPORTED BY <u>Todd</u>	PHONE # or RADIO <u>1701</u>
------------------------	--------------------------------------	----------------------------	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
01	<u>Risinger</u>	<u>RIP/1904</u>	<u>1900</u>	<u>1904</u>		<u>1940</u>
02/E-3	<u>Poy</u>		<u>1900</u>	<u>1907</u>		<u>1940</u>
03/HM60	<u>Tandagun</u>		<u>1900</u>	<u>1911</u>		<u>1940</u>
04/L 60	<u>Kirby</u>		<u>1900</u>	<u>1922</u>		<u>1940</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> ORSL (U709, 1-A) ext. 2-5050	<u>1901</u>	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Scott Joseph
O: /Plantprt/Public/Plant protection Forms

DISPATCHER (Signature) [Signature]

Rev. 03/13/08

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

UNIT 1 Reisinger, UNIT 2 POY, UNIT 3 TANLAWAN, AND BCGO Kirby RESPONDED TO AN ARGON CANISTER LEAKING AT DOOR 5. UNIT 1 ARRIVED ON SCENE AND CALLED COMMAND (RLP COMMAND) AND TALKED TO THE RP. THE RP STATED THAT THE CANISTER WAS ON THE THIRD FLOOR BY THE LAB. UNIT 2 ARRIVED ON SCENE WITH ENGINE 3. UNIT 3 ARRIVED ON SCENE WITH HAZMAT60. UNIT 1 AND UNIT 2 MADE ENTRY ON THE THIRD FLOOR. THERE WAS A 500 POUND ARGON CANISTER POPPING OFF THE PRV. UNIT ONE PUT AN AIR PACK ON AND INVESTIGATED. UNIT ONE OPENED AND CLOSED THE LEAKING VALVE AND OPENED THE INTAKE VALVE TO RELIEVE THE PRESSURE. THE LEAK STOPPED. THE RP STATED ~~THE~~ HE TURNED ON A STEAM VALVE TO WARM UP THE BUILDING. THE THIRD FLOOR WAS 10 DEGREES WARMER THAN THE BOTTOM FLOOR. COMMAND WAS TERMINED. BEFORE LEAVING THE SCENE A PRV POPPED OFF AGAIN. UNIT ONE INVESTIGATED AND FOUND ANOTHER CANISTER PRV POPPING OFF. THE PR. BROUGHT A 48 INCH FAN TO THE CANISTER AREA TO DISSIPATE ANY PRV POP OFF. ALL UNITS WENT BACK IN SERVICE.

PAUL Reisinger

NAME(Print)

6-28-08

DATE

Paul G. Poy

SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 7/8/08

TIME OF INCIDENT 1250

REPORT NUMBER E08-108D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ CFM Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>N. ISOMAX near cooling tower</u>		<u>Meagan</u>	<u>510-812-0658</u>

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
<u>U-1</u>	<u>Ferrer</u>		<u>1250</u>	<u>1257</u>	<u>1320</u>	<u>1320</u>
<u>U-2</u>	<u>Hardin</u>		<u>1250</u>	<u>1253</u>	<u>1320</u>	<u>1320</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input type="checkbox"/> RSL (U709, 1-A) ext. 2-5050		<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input checked="" type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Corena LeDonne
O: /Plantprt/Public/Plant protection Forms

DISPATCHER (Signature) Corena LeDonne
Rev. 03/13/08

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What ,When, Where, Why, How)

NAME(Print)

DATE _____

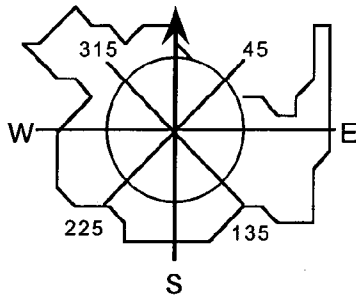
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log
Sheet



Date of Incident: 07/08/2008

Shift: Day

Time of Incident: 1300

Crew: D

Report Type: Informational

Report From: Inside

Report Of: Spill

Source: Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 239

Wind Speed: 5.18

Observer: Operations

Phone #: 2-2134

Observer Type: Operations

Observer's Address: Hydro Processing / North Isomax

Observer's Description:

Lube oil on the ground

Area Affected: Cooling water pad / North Isomax

Duration: Unknown

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Captain Ferrer and Firefighter Hardin responded to North Isomax Cooling water pumps for a report of lube oil. Units confirmed the leak coming from P263 and P264. There was about a barrel of oil on the ground around the pumps. EOD and Haswaste was on scene and containing the oil with absorb all. Also, a vacuum truck was at the site assisting with the clean up. Units took Benzene, H2S, and %LEL readings and they are as follows. 0 ppm on the Ultra Ray, 0 % LEL and 0 ppm H2S on the ITX. Slight odors of oil remained local too the scene.

Remarks, Suggestions, Follow-ups To Be Made:

None

Returned Call To Observer: (Comments)

None

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer_____ RSC

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 7/9/08

TIME OF INCIDENT 1615

REPORT NUMBER

E08-110D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____
<u>All fires that generate a yellow sheet must have:</u> 1. A GO-106 filled out and signed by the ABUM 2. A narrative of the facts pertaining to the fire 3. FPO-60 notified for investigation purposes		

LOCATION <u>mills/castro corner</u>	DIVISION/SECTION	REPORTED BY <u>H.O. unknown</u>	PHONE # or RADIO <u>x2375</u>
--	------------------	------------------------------------	----------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
U1	Ferrer	mills/castro	1615	1617	1650	1650
U2			1615	1618	1635	1635
U3			1615	1619	1635	1635
BC60			1615	1617	1640	1640
S-5			1617	1626	1630	1640

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050		<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Corena LeDonne
O: /Plantprt/Public/Plant protection Forms

DISPATCHER (Signature) Corena LeDonne

Rev. 03/13/08

CUSA-CSB-0019826

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

Refer to CFRE findings + Corrective Actions
for details.

MARIO FERRER

NAME(Print)

7-10-08

DATE

[Signature]

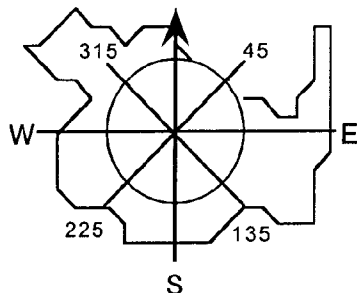
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 07/09/2008 **Shift:** Day

Time of Incident: 1615 **Crew:** D

Report Type: Inquiry **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 168.4 **Wind Speed:** 1.62 **Observer:** Unknown **Phone #:** 2375

Observer Type: Unknown

Observer's Address: Unknown

Observer's Description:

Product leaking from pipe on Castro and Mill

Area Affected: Castro and Mill **Duration:** 30 minutes

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Battalion Chief Angeli, Captain Ferrer, Firefighter Hardin, and Firefighter Johnson responded to Mill and Castro for a report of a leak of unknown product. Upon investigation, it was confirmed that the product leaking was water. Units verified the water via PH tape. Utilities arrived and took over the scene.

Remarks, Suggestions, Follow-ups To Be Made:

None

Returned Call To Observer: (Comments)

None

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer _____ RSC

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT July 2, 2008

TIME OF INCIDENT 1500 HRS.

REPORT NUMBER E08-105D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form. <u>AMONIA LEAKING FROM EXCHANGER</u>	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____ <u>Automatic Fire Alarm</u>
<p>All fires that generate a yellow sheet must have:</p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>8 PLT</u>	DIVISION/SECTION <u>Hydro</u>	REPORTED BY <u>Jason</u>	PHONE # or RADIO <u>3465</u>
--------------------------	----------------------------------	-----------------------------	---------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
Chief 60	Kelly	YES	1500	1504		1600
U-1	Sylva		1500	1504		1600
U-2/ENG-3	Damude		1500	1503		1600
U-3	Wimer		1500	1504		1605
U-4	Poy		1500	1502		1605

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	1500	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	1500	<input type="checkbox"/> Coast Guard (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031	1502	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input checked="" type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Michelle Morris-Farson
O: /Plantprt/Public/Plant protection Forms

DISPATCHER (Signature) Michelle Morris-Farson

Rev. 03/13/08

CUSA-CSB-0019829

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

CFD responded to S. Isomax for the report of an Ammonia leak. Upon arrival units met w/ Ops. who said they had an ammonia exchanger w/ a tube leak going into cooling water. The exchanger was blocked in on both sides ~~and the tubes~~ w/ residual ammonia which heated up w/ the sun and opened up the shell side PRV. CFD units opened up on the C/W outlet valve and opened the backwash spool to provide cooling. CFD units then provided atmospheric testing in the area for NH₃. When NH₃ levels were @ approx. 5 ppm the area was turned over to Ops. for remediation.

M.S. Sylva
NAME(Print)

7/2/08
DATE

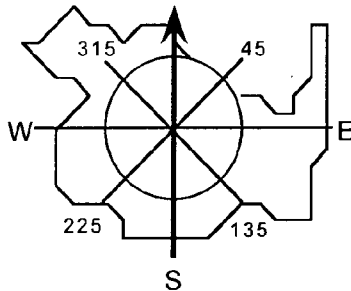
T. J. S. S.
SIGNATURE

BATTALION CHIEF _____

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log
Sheet



Date of Incident: 07/02/2008 Shift: Day

Time of Incident: 1500 Crew: C

Report Type: Complaint Report From: Inside

Report Of: Other Source: Refinery

Confirmed On-Site By CFRE: No

Wind Direction: 225 Wind Speed: 10 Observer: Jason Hagberg Phone #: 242-3465

Observer Type: N. Iso. Operator

Observer's Address:

Observer's Description:

Ammonia leak at an 8 plant exchanger.

Area Affected: North and South isomax Duration: 5-10 minutes

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Ops. notified CFRE that there was some residual ammonia in a blocked in exchanger that heated up and caused the PRV to open up on the Cooling Water side (The exchanger had a tube leak that flowed some ammonia to get into the shell side). No odor complaints were reported to CFRE.

Remarks, Suggestions, Follow-ups To Be Made:

N/A

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE M. Sylva _____ RSC Wendell Helton

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 7/22/08

TIME OF INCIDENT 1330

REPORT NUMBER E08-118D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>FCC CWT</u>	<u>Cracking</u>	<u>Jim</u>	

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
<u>U-1</u>	<u>Farina</u>		<u>1330</u>			
<u>U-2</u>	<u>Hopkins</u>		↓			
<u>U-3</u>	<u>Briseno</u>					
<u>BC-60</u>	<u>Zuk</u>					

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input type="checkbox"/> RSL (U709, 1-A) ext. 2-5050		<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Rob Miller

DISPATCHER (Signature) Rob Miller

O: /Plantpru/Public/Plant protection Forms

Rev. 03/13/08

CUSA-CSB-0019832

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What ,When, Where, Why, How)

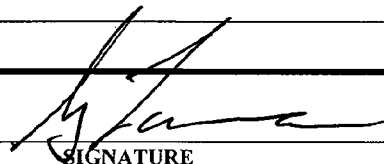
RESPONDED TO FILL COOLING TOWER FOR THE REPORT OF A PROPANE LEAKING
IN TO THE COOLING WATER SYSTEM, AFTER MY ~~SELF~~ CHECK OF
THE COOLING TOWER MY SELF AND UNIT #3 BRISEND FOUND
ALL COOLING TOWER FAN SHROOD'S HAD A 2% LEL ALONG WITH
THE WALKWAYS, REPORTED FINDINGS TO TIM MEIER
THE STL OPERATIONS WILL WALK THE AREA EVERY FOUR
HOURS WITH THEIR GAS TESTER AND REPORT CHANGES TO
THE STL.

GEARIN

NAME(Print)

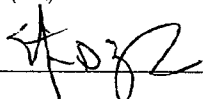
7-22-08

DATE



SIGNATURE

BATTALION CHIEF



STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 7/28/08

TIME OF INCIDENT 0655

REPORT NUMBER E08-123D

FIRE	ENVIRONMENTAL	MEDICAL AID
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input checked="" type="checkbox"/> Spill Sulfuric Acid <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____

All fires that generate a yellow sheet must have:

1. A GO-106 filled out and signed by the ABUM
2. A narrative of the facts pertaining to the fire
3. FPO-60 notified for investigation purposes

LOCATION <u>Channel & Foundation By #2509</u>	DIVISION/SECTION	REPORTED BY <u>U-303</u>	PHONE # or RADIO <u>A-1 - Dispatch</u>
--	------------------	-----------------------------	---

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
BC 60	Kelly		0655	0658	0915	0945
u1-	Dako		0655	0658	0945	0945
u2-	Briseno		0655	0658	0945	0945
u3-	Damonde		0655	0658	0945	0945
Prevention 60	Boz		0655	0708	0915	0945
Hazmat - Demsock				0840	0945	0945
Station Stand by -	Wayne Lew					

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	0656	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input checked="" type="checkbox"/> STL <u>Herb Taylor</u>		<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	0825	<input type="checkbox"/> Coast Guard (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433	0655	<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input checked="" type="checkbox"/> Truck Scales <u>Linda</u> ext. 2-4571	0730	(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031	0709	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input checked="" type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input checked="" type="checkbox"/> General Chemical ext. 2-2495	0704

DISPATCHER (Print) Steve Hardin
O: /Plantpro/Public/Plant protection forms

DISPATCHER (Signature) [Signature]

Rev. 03/13/08

CUSA-CSB-0019834

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

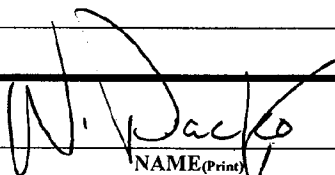
PHONE _____

INVESTIGATIVE RESULTS

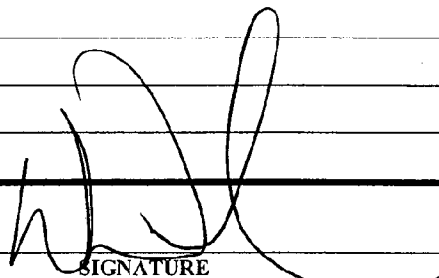
(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

Units responded to report of report of an unknown leak on Channel St. near 2A Separator. Upon arrival units found pipe leaking under Channel St. spraying a clear liquid in a ~40ft circle. Command was established and area was isolated. Line was confirmed to be the 4" fresh acid line from General Chemical w/ the product being 97% sulfuric acid. Ph on product was a 0. Line was isolated and vac truck was used to pull line empty. Leak was stopped and entire spill area was contained, to under Channel St. pipeway. Before stopping leak was ~2-4 gallons/min. Outside edges of spill were contained w/ sodium bicarbonate and spill area was turned over to Haz Waste. All units back in service.


NAME(Print)

7/28/08
DATE

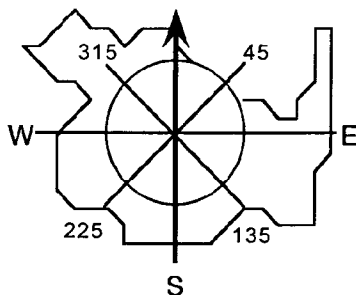

SIGNATURE

BATTALION CHIEF _____

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 7/28/08

Shift: Day

Time of Incident: 0655

Crew: C

Report Type: **Report From:**

Report Of: **Source:**

Confirmed On-Site By CFRE:

Wind Direction: 191 **Wind Speed:** 13.8 **Observer:** W. Dacko **Phone #:** 2-4200

Observer Type: Captain

Observer's Address: Firehouse

Observer's Description:

Large leak on fresh sulfuric acid line from General Chemical.

Area Affected: Channel St. overpass **Duration:** 3 hours

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Units responded to a report of an unknown leak on Channel St. near 2A Separator. Upon arrival units found 4" pipe leaking under Channel St., spraying a clear liquid in ~40' diameter circle. Command was established and area was isolated. Line was confirmed to be the 4" fresh acid line from General Chemical with the product being 97% sulfuric acid. Ph on product was a 0. Line was isolated by operations and leak was reduced to ~2-4 gallons/minute. A vacuum truck was then used to pull on the line to completely evacuate the line. The leak was stopped and the entire spill area was contained to under Channel St. pipeway. The outside edges of the spill were contained with sodium bicarbonate and the spill area was turned over to Haz Waste. All units returned to service.

Remarks, Suggestions, Follow-ups To Be Made:

None

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE W. Dacko _____ RSC J. McGowan

GENERAL CHEMICAL

MATERIAL SAFETY DATA SHEET

SULFURIC ACID

-----1. PRODUCT AND COMPANY IDENTIFICATION -----

PRODUCT NAME: SULFURIC ACID

OTHER/GENERIC NAMES: BATTERY ACID.

PRODUCT USE: INDUSTRIAL.

MANUFACTURER:
GENERAL CHEMICAL CORP
90 EAST HALSEY RD.
PARSIPPANY, NJ 07054

FOR MORE INFORMATION CALL:
(MONDAY-FRIDAY, 9:00 AM - 4:30 PPM): 973-515-1840

IN CASE OF EMERGENCY CALL:
(24 HOURS/DAY, 7 DAYS/WEEK): 800-631-8050

-----2. COMPOSITION/INFORMATION ON INGREDIENTS -----

INGREDIENT NAME/ CAS NUMBER	WEIGHT %	OSHA PEL
WATER 7732-18-5	0-51	NONE
SULFURIC ACID 7664-93-9	>51	1 MG/M3 TWA

TRACE IMPURITIES AND ADDITIONAL MATERIAL NAMES NOT LISTED ABOVE MAY ALSO
APPEAR IN SECTION 15 TOWARDS THE END OF THE MSDS. THESE MATERIALS MAY BE
LISTED FOR LOCAL "RIGHT-TO-KNOW" COMPLIANCE AND FOR OTHER REASONS.

OSHA HAZARD COMMUNICATION STANDARD:
THIS PRODUCT IS CONSIDERED HAZARDOUS UNDER THE OSHA HAZARD COMMUNICATION
STANDARD.

-----3. HAZARDS IDENTIFICATION -----

EMERGENCY OVERVIEW:
OILY, COLORLESS TO SLIGHTLY YELLOW, CLEAR TO TURBID LIQUID. ODORLESS.
CAUSES SEVERE SKIN BURNS. CAUSES SEVERE EYE BURNS. CAUSES BURNS OF THE MOUTH,
THROAT, AND STOMACH.

POTENTIAL HEALTH HAZARDS:

SKIN:
CAUSES SEVERE BURNS.

EYES:

LIQUID CONTACT CAN CAUSE IRRITATION, CORNEAL BURNS, AND CONJUNCTIVITIS. MAY RESULT IN SEVERE OR PERMANENT INJURY. MAY CAUSE BLINDNESS.

INHALATION:

INHALATION OF FUMES OR ACID MIST CAN CAUSE IRRITATION OR CORROSIVE BURNS TO THE UPPER RESPIRATORY SYSTEM, INCLUDING THE NOSE, MOUTH AND THROAT. MAY IRRITATE THE LUNGS. MAY CAUSE PULMONARY EDEMA.

INGESTION:

CAUSES BURNS OF THE MOUTH, THROAT AND STOMACH. MAY BE FATAL IF SWALLOWED. HAZARDS ARE ALSO APPLICABLE TO DILUTE SOLUTIONS.

DELAYED EFFECTS:

EROSION OF TEETH, LESIONS OF THE SKIN, TRACHEO-BRONCHITIS, MOUTH INFLAMMATION, CONJUNCTIVITIS AND GASTRITIS. IARC AND NTP HAVE CLASSIFIED "STRONG INORGANIC ACID MISTS CONTAINING SULFURIC ACID" AS A KNOWN HUMAN CARCINOGEN. THIS CLASSIFICATION IS FOR INORGANIC ACID MISTS ONLY AND DOES NOT APPLY TO SULFURIC ACID OR SULFURIC ACID SOLUTIONS. THE BASIS FOR THE CLASSIFICATIONS RESTS ON SEVERAL EPIDEMIOLOGY STUDIES WHICH HAVE SEVERAL DEFICIENCIES. THESE STUDIES DID NOT ACCOUNT FOR EXPOSURE TO OTHER SUBSTANCES, SOME KNOWN TO BE ANIMAL OR POTENTIAL HUMAN CARCINOGENS, SOCIAL INFLUENCES (SMOKING OR ALCOHOL CONSUMPTION) AND INCLUDED SMALL NUMBERS OF SUBJECTS. BASED ON THE OVERALL WEIGHT OF EVIDENCE FROM ALL HUMAN AND CHRONIC ANIMAL STUDIES NO DEFINITIVE CAUSAL RELATIONSHIP BETWEEN SULFURIC ACID MIST EXPOSURE AND RESPIRATORY TRACT CANCER HAS BEEN SHOWN.

INGREDIENTS FOUND ON ONE OF THE THREE OSHA DESIGNATED CARCINOGEN LISTS ARE LISTED BELOW.

INGREDIENT NAME/ CAS NUMBER	WEIGHT %	NTP STATUS	IARC STATUS	OSHA LIST:
WATER 7732-18-5	0-51	NOT LISTED	NOT LISTED	NOT LISTED
SULFURIC ACID 7664-93-9	>51	KNOWN CARCINOGEN- SULFURIC ACID MIST	1 - KNOWN CARCINOGEN; SULFURIC ACID MIST	NOT LISTED

-----4. FIRST AID MEASURES -----

SKIN:

IMMEDIATELY FLUSH SKIN WITH PLENTY OF WATER FOR AT LEAST 15 MINUTES. REMOVE CONTAMINATED CLOTHING WHILE WASHING. GET MEDICAL ATTENTION IMMEDIATELY.

EYES:

IMMEDIATELY FLUSH EYES WITH LARGE AMOUNTS OF WATER FOR AT LEAST 15 MINUTES. GET IMMEDIATE MEDICAL ATTENTION.

INHALATION:

IF INHALED, REMOVE TO FRESH AIR. IF NOT BREATHING GIVE ARTIFICIAL RESPIRATION, PREFERABLY MOUTH-TO-MOUTH. IF BREATHING IS DIFFICULT GIVE OXYGEN. GET MEDICAL ATTENTION.

INGESTION:

IF SWALLOWED, DO NOT INDUCE VOMITING. GIVE VICTIM TWO GLASSES OF WATER. CALL A PHYSICIAN IMMEDIATELY. NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

ADVICE TO PHYSICIAN:
TREAT SYMPTOMATICALLY.

-----5. FIRE FIGHTING MEASURES -----

FLAMMABLE PROPERTIES

FLASH POINT: NOT APPLICABLE.

FLASH POINT METHOD: NOT APPLICABLE.

AUTOIGNITION TEMPERATURE: NOT APPLICABLE.

UPPER FLAME LIMIT (VOLUME % IN AIR): NOT APPLICABLE.

LOWER FLAME LIMIT (VOLUME % IN AIR): NOT APPLICABLE.

FLAME PROPAGATION RATE (SOLIDS): NOT APPLICABLE.

OSHA FLAMMABILITY CLASS: NOT FLAMMABLE.

EXTINGUISHING MEDIA:

WATER SPRAY OR FOG MAY BE USED TO KNOCK DOWN CORROSIVE VAPOR CLOUD. WATER MAY BE APPLIED TO THE SIDES OF THE CONTAINERS EXPOSED TO FLAMES PROVIDED THE WATER DOES NOT COME IN CONTACT WITH THE TANK CONTENTS.

UNUSUAL FIRE AND EXPLOSION HAZARDS:

FLAMMABLE AND POTENTIALLY EXPLOSIVE HYDROGEN GAS CAN BE GENERATED INSIDE METAL DRUMS AND STORAGE TANKS. CONCENTRATED SULFURIC ACID CAN IGNITE COMBUSTIBLE MATERIALS ON CONTACT.

SPECIAL FIRE-FIGHTING PRECAUTIONS/INSTRUCTIONS:

DO NOT USE SOLID WATER STREAMS NEAR RUPTURED TANKS OR SPILLS OF SULFURIC ACID. ACID REACTS VIOLENTLY WITH WATER AND CAN SPATTER ACID ONTO PERSONNEL. WEAR APPROVED POSITIVE-PRESSURE SELF-CONTAINED BREATHING APPARATUS AND PROTECTIVE CLOTHING.

-----6. ACCIDENTAL RELEASE MEASURES -----

IN CASE OF SPILL OR OTHER RELEASE:

(SEE SECTION 8 FOR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT.)

DILUTE SMALL SPILLS OR LEAKS CAUTIOUSLY WITH PLENTY OF WATER. NEUTRALIZE RESIDUE WITH SODIUM BICARBONATE OR OTHER SUITABLE NEUTRALIZING AGENT. WHEN USING CARBONATES FOR NEUTRALIZATION, ADEQUATE PRECAUTIONS SHOULD BE TAKEN TO MINIMIZE HAZARDS FROM CARBON DIOXIDE GAS GENERATION. NO SMOKING IN SPILL AREA. MAJOR SPILLS MUST BE HANDLED BY A PREDETERMINED PLAN. ATTEMPT TO KEEP OUT OF SEWERS.

SPILLS AND RELEASES MAY HAVE TO BE REPORTED TO FEDERAL AND/OR LOCAL AUTHORITIES. SEE SECTION 15 REGARDING REPORTING REQUIREMENTS.

-----7. HANDLING AND STORAGE -----

NORMAL HANDLING:

(SEE SECTION 8 FOR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT.)

AVOID CONTACT WITH SKIN, EYES AND CLOTHING. AVOID BREATHING MIST. USE APPROPRIATE PERSONNEL PROTECTIVE EQUIPMENT. DO NOT ADD WATER TO ACID. WHEN

DILUTING, ALWAYS ADD ACID TO WATER CAUTIOUSLY AND WITH AGITATION. USE WITH ADEQUATE VENTILATION.

STORAGE RECOMMENDATIONS:

PROTECT FROM PHYSICAL DAMAGE. STORE IN A COOL, WELL-VENTILATED AREA AWAY FROM COMBUSTIBLES AND REACTIVE CHEMICALS. KEEP OUT OF SUN AND AWAY FROM HEAT. KEEP CONTAINERS UPRIGHT. NO SMOKING IN STORAGE AREA.

-----8. EXPOSURE CONTROLS/PERSONAL PROTECTION -----

ENGINEERING CONTROLS:

SUFFICIENT TO RESCUE VAPOR AND ACID MISTS TO PERMISSIBLE LEVELS. PACKAGING AND UNLOADING AREAS AND OPEN PROCESSING EQUIPMENT MAY REQUIRE MECHANICAL EXHAUST SYSTEMS. CORROSION-PROOF CONSTRUCTION RECOMMENDED. CLOSED VENTILATION SYSTEMS (E.G. VAPOR HOODS) ARE FREQUENTLY USED IN THE ELECTRONICS INDUSTRY.

PERSONAL PROTECTIVE EQUIPMENT

SKIN PROTECTION:

AS A MINIMUM, WEAR ACID-RESISTANT, PREFERABLY RUBBER, GLOVES AND APRON. ACID-RESISTANT BOOTS, TROUSERS AND JACKET MAY BE USED FOR INCREASED PROTECTION.

EYE PROTECTION:

WEAR CHEMICAL SAFETY GOGGLES. ADD A FULL FACESHIELD FOR POURING LIQUIDS. DO NOT WEAR CONTACT LENSES.

RESPIRATORY PROTECTION:

GENERALLY, NONE REQUIRED. IF MISTING CONDITIONS PREVAIL, WEAR A NIOSH-APPROVED ACID-MIST RESPIRATOR.

ADDITIONAL RECOMMENDATIONS:

PROVIDE EYEWASH STATIONS AND QUICK-DRENCH SHOWER FACILITIES IN OR NEAR AREAS OF USE OR HANDLING.

EXPOSURE GUIDELINES

INGREDIENT NAME/ CAS NUMBER	WEIGHT %	ACGIH TLV	OSHA PEL	OTHER LIMIT
WATER 7732-18-5	0-51	NONE	NONE	NONE
SULFURIC ACID 7664-93-9	>51	1 MG/M3 TWA; 3 MG/M3 STEL	1 MG/M3 TWA	15 MG/M3-IDLH

1 = LIMIT ESTABLISHED BY GENERAL CHEMICAL CORPORATION.

2 = WORKPLACE ENVIRONMENTAL EXPOSURE LEVEL (AIHA).

3 = BIOLOGICAL EXPOSURE INDEX (ACGIH).

OTHER EXPOSURE LIMITS FOR POTENTIAL DECOMPOSITION PRODUCTS:

NONE.

-----9. PHYSICAL AND CHEMICAL PROPERTIES -----

APPEARANCE: COLORLESS TO LIGHT YELLOW LIQUID

PHYSICAL STATE: LIQUID

MOLECULAR WEIGHT: 98.08 (H₂SO₄)

CHEMICAL FORMULA: H₂SO₄ (VARIOUS CONCENTRATIONS) IN WATER

ODOR: ODORLESS

SPECIFIC GRAVITY (WATER=1.0): 1.842

SOLUBILITY IN WATER (WEIGHT %): 100%

PH: 0.9 (1% SOLUTION)

BOILING POINT: APPROX. 310 C (94%)

MELTING POINT: APPROX. -27 C (94%)

VAPOR PRESSURE: <0.001 MM HG AT 20 C

VAPOR DENSITY (AIR=1.0): NOT APPLICABLE.

EVAPORATION RATE: NOT APPLICABLE.
COMPARED TO: NOT APPLICABLE.

% VOLATILES: NOT APPLICABLE.

FLASH POINT: NOT APPLICABLE.

(FLASH POINT METHOD AND ADDITIONAL FLAMMABILITY DATA ARE FOUND IN SECTION 5.)

-----10. STABILITY AND REACTIVITY -----

NORMALLY STABLE? (CONDITIONS TO AVOID):
NORMALLY STABLE. AVOID TEMPERATURES GREATER THAN 300 C; YIELDS SULFUR TRIOXIDE GAS, WHICH IS TOXIC, CORROSIVE, AND AN OXIDIZER.

INCOMPATIBILITIES:
NITRO COMPOUNDS, CARBIDES, DIENES, ALCOHOLS (WHEN HEATED):
CAUSES EXPLOSIONS.

OXIDIZING AGENTS, SUCH AS CHLORATES AND PERMANGANATES:
CAUSES FIRES AND POSSIBLE EXPLOSIONS.

ALLYL COMPOUNDS AND ALDEHYDES:
UNDERGOES POLYMERIZATION, POSSIBLY VIOLENT.

ALKALIES, AMINES, WATER, HYDRATED SALTS, CARBOXYLIC ACID ANHYDRIDES, NITRILES,
OLEFINIC ORGANICS, GLYCOLS, AQUEOUS ACIDS:
CAUSES STRONG EXOTHERMIC REACTIONS.

CARBONATES, CYANIDES, SULFIDES, SULFITES, METALS SUCH AS COPPER:
YIELDS TOXIC GASES.

HAZARDOUS DECOMPOSITION PRODUCTS:
SULFUR TRIOXIDE GAS.

HAZARDOUS POLYMERIZATION:
WILL NOT OCCUR.

-----11. TOXICOLOGICAL INFORMATION -----

IMMEDIATE (ACUTE) EFFECTS:

FOR SULFURIC ACID:

LD50 (ORAL-RAT): 2140 MG/KG

LC50 (INHL-RAT): 510 MG/M3/2 HR

LC50 (INHL-MOUSE) 320 MG//M3/2 HR

DELAYED (SUBCHRONIC AND CHRONIC) EFFECTS:

IARC AND NTP HAVE CLASSIFIED "STRONG INORGANIC ACID MISTS CONTAINING SULFURIC ACID" AS KNOWN HUMAN CARCINOGENS. NO DEFINITIVE CAUSAL RELATIONSHIP BETWEEN SULFURIC ACID MIST EXPOSURE AND RESPIRATORY CANCER HAS BEEN SHOWN.

OTHER DATA:

NONE.

-----12. ECOLOGICAL INFORMATION -----

AQUATIC TOXICITY:

24.5 PPM/24 HR./BLUEGILL/LETHAL/FRESH WATER

42.5 PPM/48 HR./PRAWN/LC50/SALT WATER

-----13. DISPOSAL CONSIDERATIONS -----

RCRA

IS THE UNUSED PRODUCT A RCRA HAZARDOUS WASTE IF DISCARDED? YES

IF YES, THE RCRA ID NUMBER IS:

D002 (CORROSIVE)

OTHER DISPOSAL CONSIDERATIONS:

DISPOSAL SHOULD BE MADE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS.

THE INFORMATION OFFERED IN SECTION 13 IS FOR THE PRODUCT AS SHIPPED. USE AND/OR ALTERATIONS TO THE PRODUCTS SUCH AS MIXING WITH OTHER MATERIALS MAY SIGNIFICANTLY CHANGE THE CHARACTERISTICS OF THE MATERIAL AND ALTER THE RCRA CLASSIFICATION AND THE PROPER DISPOSAL METHOD.

-----14. TRANSPORT INFORMATION -----

US DOT HAZARD CLASS: 8

PROPER SHIPPING NAME: SULFURIC ACID, 8, UN1830, PG II

FOR ADDITIONAL INFORMATION ON SHIPPING REGULATIONS AFFECTING THIS MATERIAL, CONTACT THE INFORMATION NUMBER FOUND IN SECTION 1.

-----15. REGULATORY INFORMATION -----

TOXIC SUBSTANCES CONTROL ACT (TSCA)

TSCA INVENTORY STATUS: LISTED ON INVENTORY: YES

OTHER TSCA ISSUES: ALL COMPONENTS OF THIS PRODUCT ARE LISTED ON THE TSCA INVENTORY.

SARA TITLE III/CERCLA:
"REPORTABLE QUANTITIES (RQS) AND/OR "THRESHOLD PLANNING QUANTITIES (TPQS)
EXIST FOR THE FOLLOWING INGREDIENTS.

INGREDIENT NAME/ CAS NUMBER	WEIGHT %	SARA/CERCLA RQ (LB):	SARA EHS TPQ (LB)
WATER 7732-18-5	0-51	NONE	NONE
SULFURIC ACID 7664-93-9	>51	100 LBS	1000 LBS.

SPILLS OR RELEASES RESULTING IN THE LOSS OF ANY INGREDIENT AT OR ABOVE ITS RQ
REQUIRES IMMEDIATE NOTIFICATION TO THE NATIONAL RESPONSE CENTER
((800) 424-8802) AND TO YOUR LOCAL EMERGENCY PLANNING COMMITTEE.

SECTION 311 HAZARD CLASS: IMMEDIATE.

SARA 313 TOXIC CHEMICALS:
THE FOLLOWING INGREDIENTS ARE SARA 313 "TOXIC CHEMICALS" AND MAY BE SUBJECT TO
ANNUAL REPORTING REQUIREMENTS. CAS NUMBERS AND WEIGHT PERCENTS ARE FOUND IN
SECTION 2.

INGREDIENT NAME/ CAS NUMBER	WEIGHT %	COMMENT
WATER 7732-18-5	0-51	NOT LISTED
SULFURIC ACID 7664-93-9	>51	LISTED

STATE RIGHT-TO-KNOW:
THE FOLLOWING ARE LISTED FOR STATE RIGHT-TO-KNOW PURPOSES.

INGREDIENT NAME/ CAS NUMBER	WEIGHT %	NJ RIGHT-TO-KNOW:	MA RIGHT-TO-KNOW:	PA RIGHT-TO-KNOW:
WATER 7732-18-5	0-51	NOT LISTED	NOT LISTED	NOT LISTED
SULFURIC ACID 7664-93-9	>51	LISTED	LISTED	LISTED

ADDITIONAL REGULATORY INFORMATION:
NONE.

FOREIGN CHEMICAL CONTROL INVENTORY STATUS:
LISTED ON CANADIAN DSL AND EINECS.

-----16. OTHER INFORMATION -----

CURRENT ISSUE DATE: 03/26/2001

PREVIOUS ISSUE DATE: 08/01/1993

CHANGES TO MSDS FROM PREVIOUS ISSUE DATE ARE DUE TO THE FOLLOWING:
NEW FORMAT. CHANGE IN SECTION 3 - CARCINOGEN STATUS.

OTHER INFORMATION: NOT APPLICABLE

GC-2000
CURRENT ISSUE DATE: 03/26/2001

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 8-04-08

TIME OF INCIDENT 14:14

REPORT NUMBER E08-1241

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input checked="" type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Scholefield</u>	DIVISION/SECTION <u>B3S</u>	REPORTED BY <u>U-2 - Harper</u>	PHONE # or RADIO <u>A-1. OPS</u>
--------------------------------	--------------------------------	------------------------------------	-------------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
U-2	Harper			14:17		1440

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	14 15	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input checked="" type="checkbox"/> STL <u>u 717</u>	14 18	<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Steve Hardin

DISPATCHER (Signature)

O: /Plantprt/Public/Plant protection Forms

Rev. 03/13/08

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

B#5 water washed an out-of-service jet line to Demo.
Pin holes in the line exacerbated the wash water producing
a jet stream as the water stream with resultant over,
NO CEL

NO BZ

EOD notified. VAC trucks on scene.

George Harper
NAME(Print)

2/5/06
DATE

George Harper
SIGNATURE

BATTALION CHIEF

[Signature]

STAFF

[Signature]

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 8/7/08

TIME OF INCIDENT 2253

REPORT NUMBER E08-1260

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____
<p><i>All fires that generate a yellow sheet must have:</i></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>RDC railcar racks</u>	<u>Marketing</u>	<u>Susan Shibley</u>	<u>x3181</u>

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
<u>U-1</u>	<u>Reisinger</u>	<u>RTD command</u>	<u>2253</u>	<u>2256</u>	<u>2327</u>	<u>2327</u>
<u>U-2</u>	<u>DAMoude</u>	<u>HM-60</u>	<u>2253</u>	<u>2259</u>	<u>2309</u>	<u>2309</u>
<u>U-3</u>	<u>Tandaguen</u>	<u>E-3</u>	<u>2253</u>	<u>2258</u>	<u>2304</u>	<u>2327</u>
<u>B/c 60</u>	<u>White</u>	<u>2253 Assumed Comm</u>	<u>2253</u>	<u>2257</u>		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	<u>2258</u>	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input checked="" type="checkbox"/> <u>STL RDC on-call</u>	<u>2311</u>	<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input checked="" type="checkbox"/> <u>Railserve (U201 or U202 on 1-A) 2-2504</u>	
<input type="checkbox"/> U&E STL (I-D) Cell (510)815-1031		<u>Trans. on-call</u>	<u>2315</u>
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Martin S. Sylva

DISPATCHER (Signature) [Signature] Rev. 03/13/08

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

UNIT 1 REISINGER, UNIT 2 DAMOUNDED (HM60), UNIT 3 TANDAGUEN (ENGINE 3), AND BCGO WHITE RESPONDED TO A RAIL CAR A RDC WITH A BROKEN PIPE AND LEAKING LIQUID ON THE BOTTOM. BCGO CALL RTD COMMAND WHEN ARRIVED ON SCENE, ON MILL STREET BY 53 GATE AND RDC THERE WERE WERE 2 RAIL CARS WITH DAMAGE PIPES. THE RAIL SERVICE PERSONAL WAS ON SITE AND STATED THAT OPERATIONS FORGOT TO REMOVE THE WATER EXTENSIONS FROM THE BOTTOM OF THE 2 RAIL CARS. UNIT 1 TOOK AIR SAMPLE TO THE LIQUID AND GOT ZERO LEL AND CONFIRMED THE LIQUID WAS WATER. THE RAIL SERVICE PERSONAL SAID THEY WILL MOVE THE TWO RAIL CARS TO ANOTHER TRACK AND REPAIR THE NEXT DAY. PICTURES WERE TAKEN AND E-MAILED TO STL QUINONEZ. ALL UNITS RETURNED TO SERVICE, DAMAGE ACCURED WHEN THE CARS WAS MOVING EAST BOUND OVER MILL STREET.

PAUL REISINGER
NAME(Print)

8-8-08
DATE

Paula
SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT Aug 11, 200

TIME OF INCIDENT 1828

REPORT NUMBER E08-127D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ CFDP Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Manifold Rd</u> <u>Gasoline Blender</u>	DIVISION/SECTION <u>B+S</u>	REPORTED BY <u>Jim</u>	PHONE # or RADIO <u>3270 (555)</u>
--	--------------------------------	---------------------------	---------------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
B+C	60 White		1828	1833	1940	1940
U-1	Wimer		1828	1832	1940	1940
U-2	Briseno		1828	1831	1940	1940
E-3	DA Maude		1828	1833	1940	1940
2nd	Alarm		1833		1940	1940

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	1828	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input checked="" type="checkbox"/> STL <u>B+S</u>	1828	<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety <u>Paged</u> Pager (510)247-5123	1837	<input type="checkbox"/> Coast Guard (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895	1840	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433	1841	<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031	1828	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Michelle Morris-Fortson
O: /Plantprt/Public/Plant protection Forms

DISPATCHER (Signature) Michelle Morris-Fortson

Rev. 03/13/08

CUSA-CSB-0019849

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

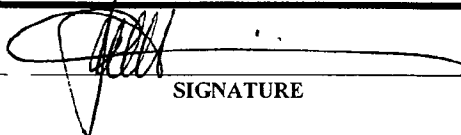
At 1828, units responded to #17 PUMP station to report of a leaking pump seal. Upon arrival, units observed P35 spraying large quantities of reformat to pump pad and burn area. Operations had already remotely s/d pump and isolated line upstream. CFD set up E-3 at Engine Shack. Units 2 & 3 entered pump area on air for atmos. monitoring, getting 12-15% LEL and 103 ppm benzene at pump. Downwind at ~~NE~~ NE end of pump station, 0% LEL and 1.4 ppm benzene. Sump was being evacuated by automatic pump. Secondary spill located SW of pump in containment basin. Product was escaping pump basin area and was leaking to grade in basin. This area was covered in a foam blanket while pumps were being isolated (by CFD). Foam used from foam hose reel station. Hot and warm zones established by CFD. No entry into hot zone allowed, and F/F respirator into warm zone (i benzene cart.). Leak stopped from isolation. Area turned over to Ops and Safety.

Ken Wimer

NAME(Print)

8/11/08

DATE



SIGNATURE

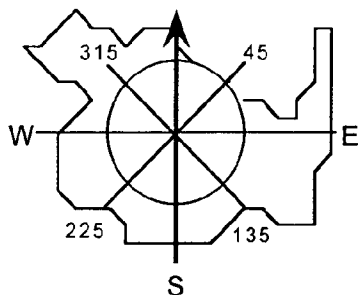
BATTALION CHIEF

KEITH WHIT

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log
Sheet



Date of Incident: 08/11/2008 **Shift:** Night

Time of Incident: 1628 **Crew:** C

Report Type: Complaint **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 45 **Wind Speed:** 5 **Observer:** H Taylor **Phone #:** 2445

Observer Type: STL

Observer's Address: T&B

Observer's Description:

P 35 pump seal failure. Product spraying out onto pump pad and into sump in large quantities.

Area Affected: 17 Pump Station **Duration:** 1.5 hrs

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Pump seal spraying product (reformate) to pump pad and surrounding burn. Pump shutdown remotely, and isolated upstream by Operations. CFD entered area on fresh air, isolated pump, and set up hot and warm zones. Secondary spill area located in containment basin below pump station. This area was foamed to contain vapors. Leak mitigated by isolation, and area turned back over to Operations and Safety.

Remarks, Suggestions, Follow-ups To Be Made:

None.

Returned Call To Observer: (Comments)

Unnecessary, was present.

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE K Wimer  RSC W Helton

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT Aug 27, 2008

TIME OF INCIDENT 1118

REPORT NUMBER E08-131D

FIRE	ENVIRONMENTAL	MEDICAL AID
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <p>Reported Complaint: <u>U-945 reported a gasoline leak at the sales TK area and minutes later a second @ 21 Pump St.</u></p> <p>CFD Patient Contact Time _____</p> <p>AMR Patient Contact Time _____</p>

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>Sales TK + 21 Pump St.</u>	<u>B+S</u>	<u>U-945</u>	<u>Dispatch</u>

UNIT#	NAME:	COMMAND/ESTABLISHED	DISPATCHED	ARRIVED	DEPART	INSERVICE
<u>BC 60</u>	<u>Kelly</u>	<u>Yes</u>	<u>1115</u>	<u>1118</u>		<u>1453</u>
<u>U-1</u>	<u>SVIVA @ Sales TK AREA</u>		<u>1115</u>	<u>1117</u>		<u>1453</u>
<u>U-3</u>	<u>BRISNO @ Sales TK AREA</u>		<u>1115</u>	<u>1117</u>		<u>1453</u>
<u>E-3</u>	<u>Wimer + Tolonok - 21 Pump St.</u>		<u>1117</u>	<u>1118</u>		<u>1453</u>
	<u>Second Alarm / Brigade</u>		<u>1120</u>			
	<u>Third Alarm / RFD @ Sales Area</u>		<u>1123</u>	<u>1126</u>		<u>1453</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	<u>1115</u>	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input type="checkbox"/> STL		<input checked="" type="checkbox"/> Richmond Dispatch (510)233-1214	<u>1123</u>
<input type="checkbox"/> STL		<input checked="" type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety <u>Pager (510)247-5123</u>	<u>1117</u>	<input type="checkbox"/> Coast Guard (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 <u>Pager (510)620-7895</u>	<u>1115</u>	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> FPO-60 ext. 2-5481 <u>Pager (510)620-7433</u>		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 <u>Pager (510)620-7584</u>		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031	<u>1115</u>	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input checked="" type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Michelle Morris-Fortson DISPATCHER (Signature) Michelle Morris-Fortson

O: /Plantprt/Public/Plant protection Forms

Rev. 03/13/08

CUSA-CSB-0019852

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

CFD units responded to the sales tank area and Z1 pump station for the report of gasoline leaks in both areas. Upon arrival @ both incidents a command structure was setup, the areas were isolated w/ hot zones being established, and entry was denied to all unnecessary personnel.

AT the sales tanks a foam blanket was laid down to suppress vapors and 2 entries were made to mitigate the incident. After the entries there remained (2) flange leaks which totalled approx. 1/2 g.p.m. which were contained in kiddie pools and vacuumed out until the line could be turned over to maint.

AT Z1 PUMP STATION, A KIDDIE POOL WAS ALREADY IN PLACE, AND A VAC TRUCK WAS SET-UP TO EVALUATE IT. THE LEAK WAS SIGNIFICANT (410 gals/min), BUT WAS BEING CONTROLLED BY A WELD BLANKET (PLACED OVER IT), AND WAS CONTAINED BY THE POOL. A HOT ZONE WAS SET UP, AND E-3 PULLED A LINE FOR PROTECTION OF PERSONNEL. ONCE THE LEAK AT THE SALES TANKS WAS UNDER CONTROL AND STEPS WERE TAKEN BY OPERATIONS TO DRAIN THE LINE, THE LEAK AT Z1 P.S. STOPPED, AND THE SCENE WAS TURNED OVER TO MAINTENANCE TO RE-PLACE THE GASKETS AT THE LEAK.

M.S. Sylva / K. Wimer
NAME(Print)

8/28/08
DATE

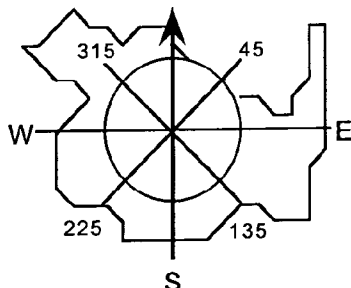
M.S. Sylva
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 08/27/2008 **Shift:** Day

Time of Incident: 1115 **Crew:** C

Report Type: Complaint **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 225 **Wind Speed:** 5 **Observer:** Tony Reyes **Phone #:** 242-4335

Observer Type: B&S Safety Operator

Observer's Address: B&S Control Room

Observer's Description:

Tony Reyes called CFD dispatch to report a gasoline leak at the sales tanks on RPM St.. He estimated a leak of approx. 2-3 gpm and approx. 1 barrel had been spilled to the concrete containment area underneath the manifold. A bit later he called CFD dispatch again to say that there was another similar leak at 21 P.S.

Area Affected: 21 P.S. and the sales tanks area. **Duration:** approx. 4 hours.

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

The area of impact was no more than 30 feet away from each leak verified with ITX readings and UltraRae readings for benzene. The 21 P.S. leak was contained the entire time within a kiddie pool as one was apparently on site in anticipation of some maintenance activity. All material at the sales tanks was contained within the concrete containment area until CFD spotted kiddie pools underneath the leaks to contain the spilling material. Vacuum trucks were on site at both leaks to empty the pools as necessary. Air Monitoring Log entered on 8/28/08 for 21 P.S..

Remarks, Suggestions, Follow-ups To Be Made:

The next shift CFRE should perform periodic monitoring in the areas to insure no further impact as the lines are drained to perform the necessary repairs.

Returned Call To Observer: (Comments)

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Martin S. Sylva _____ RSC John McGowan

Chevron Fire Department Air Monitoring Sample Log Sheet

Date 08/27/2008 Wednesday

Name of Sampler Martin Sylva/MSSY/CTINT

e

Sample Serial #	Time	Exact Location of Sample (address, cross streets, landmarks, etc)	Benzene	SO2	H2S	CO	NO2	NH3	Wipe Sample (1)	Bag Sample (1)	Comments
	11:45:00 AM	RPM and Mill Sts.	0	0	0	0					0% LEL
	11:25:00 AM	NE corner of RDC warehouse	0	0	0	0					0% LEL
	11:35:00 AM	3 1/2' above leak between 1635 and 1636 tanks.	0	0	0	0					0% LEL
	11:45:00 AM	Hot zone perimeter approx. 30' downwind (north) of leak	0	0	0	0					0% LEL
	11:47:00 AM	Hot zone perimeter approx. 30' west of leak.	0	0	0	0					0% LEL
	12:05:00 PM	2" above leak between 1635 and 1636 tanks	132 ppm	0	0	0					17% LEL with no foam applied
	12:20:00 PM	2" above leak between 1635 and 1636 tanks	1.3 ppm	0	0	0					0% LEL after foam was applied to containment area
	02:18:00 PM	3 1/2' above leak between 1635 and 1636 tanks	.7	0	0	0					0% LEL after leaks were slowed, contained and foam applied

(1) Sample to be analyzed later
Refinery

Chevron Richmond

Chevron Fire Department Air Monitoring Sample Log Sheet

Date 08/27/2008 Wednesday
e _____

Name of Sampler Kenneth Wimer/KWIM/CTINT

Sample Serial #	Time	Exact Location of Sample (address, cross streets, landmarks, etc)	Benze ne	SO2	H2S	CO	NO2	NH3	Wipe Sample (1)	Bag Sample (1)	Comments
	11:35:00 AM	15' away from leaking flange (at 21 P.S.)	0.3 ppm	0 ppm	0 ppm	0 ppm					0% LEL - gasoline actively leaking (spraying) from flange
	11:45:00 AM	5' away from leaking flange (at 21 P.S.)	5.3 ppm	0 ppm	0 ppm	0 ppm					5% LEL - gasoline actively leaking (spraying) from flange
	01:15:00 PM	1' away from leaking flange (at 21 P.S.)	17.8 ppm	0 ppm	0 ppm	0 ppm					5% LEL - gasoline leak substantially subsided (approx. 1 gal/min)

(1) Sample to be analyzed later
Refinery

Chevron Richmond

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 10/31/08

TIME OF INCIDENT 0400

REPORT NUMBER E08-170D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>20 Plant</u>	<u>Hydro</u>	<u>Dennis</u>	<u>2327</u>

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
<u>U1</u>	<u>Poy</u>		<u>0400</u>	<u>0403</u>		<u>0539</u>
<u>U2</u>	<u>Shaughnessy</u>		<u>0400</u>	<u>0403</u>		<u>0539</u>
<u>U3/F60</u>	<u>Tandaguan</u>		<u>0400</u>	<u>0403</u>		<u>0539</u>
<u>SLC 60</u>	<u>Kirby</u>	<u>20 Plant @ 0403</u>	<u>0400</u>	<u>0403</u>		<u>0539</u>
	<u>2nd Alarm</u>		<u>0409</u>			
	<u>Richmond</u>		<u>0430</u>	<u>0439</u>		
	<u>CFDA Early call out</u>		<u>0415</u>			

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> ORSL (U709, 1-A) ext. 2-5050	<u>0400</u>	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input type="checkbox"/> STL		<input checked="" type="checkbox"/> Richmond Dispatch (510)233-1214	<u>0430</u>
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	<u>0415</u>	<input type="checkbox"/> Coast Guard (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895	<u>0420</u>	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Ewa Joseph

DISPATCHER (Signature)

O: /Plantprt/Public/Plant protection Forms

Rev. 03/13/08

CUSA-CSB-0019857

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What ,When, Where, Why, How)

SISO CALLED TO REPORT AT LEAK ON A 2" LINE COMING OFF C2030. UNITS ARRIVED TO FIND A >400lb H₂S LEAK COMING OFF A 2" LINE FROM C2030. APPLIED MASTER STREAM OFF OF M60A TO KNOCK DOWN PLUME. OPS DEPRESSURED & BLOCKED IN ISOLATION VALVES. C2030 BLED DOWN TO ~~10~~ <1#. 20 ppl RELEASED TO OPS.

PJ

NAME(Print)

10/31/08

DATE

[Signature]

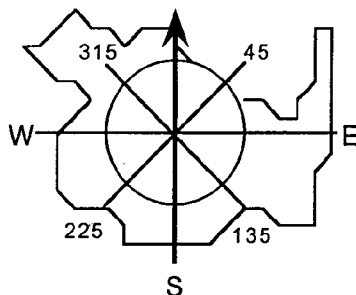
SIGNATURE

BATTALION CHIEF _____

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 10/31/2008 **Shift:** Night

Time of Incident: 0400 **Crew:** B

Report Type: Inquiry **Report From:** Inside

Report Of: Odor **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 160 **Wind Speed:** 5 **Observer:** Plant Operations & CFD Firehouse Personnel
Phone #: 242-4200

Observer Type:

Observer's Address:

Observer's Description:

H2S and hydrocarbon leak at South Isomax #20 plant.

Area Affected: #20 Plant **Duration:** 60 min.

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Large leak @ C-2030 was contained by master stream monitor. Operations isolated and depressured plant. Plant pressure was in excess of 430 psi.

Remarks, Suggestions, Follow-ups To Be Made:

No GLM alarms, Cracking STL performed down wind monitoring along Richmond Parkway. No detectable odors by analyzer or nose. CFD conducted local monitoring and found no odors by analyzer.

Returned Call To Observer: (Comments)

None needed

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE AA Kirby _____ RSC D Johnson

Chevron Fire Department Air Monitoring Sample Log Sheet

Date 10/31/2008 Friday

Name of Sampler Scott Joseph/RJOS/CTINT

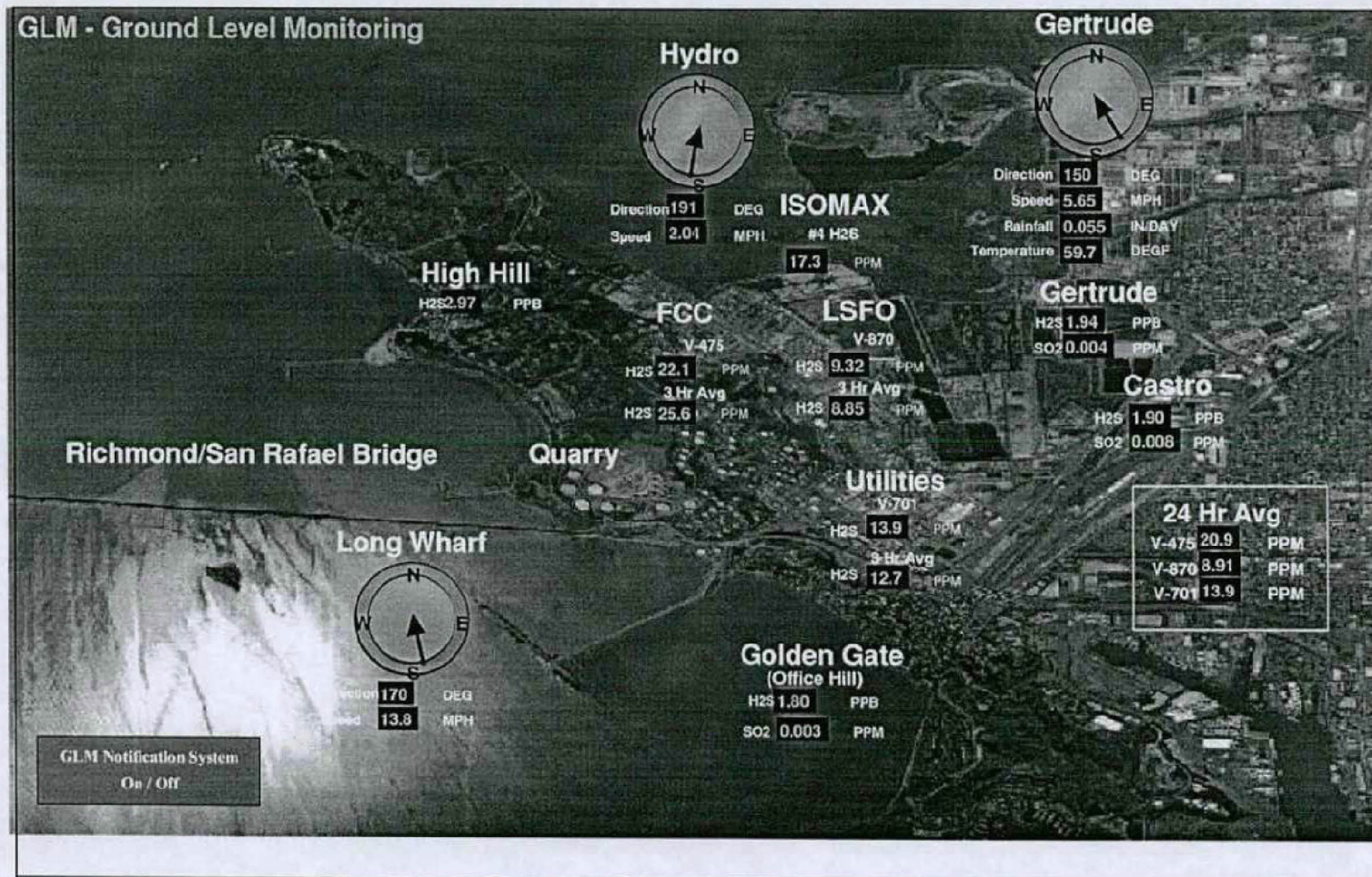
e _____

Sample Serial #	Time	Exact Location of Sample (address, cross streets, landmarks, etc)	Benze ne	SO2	H2S	CO	NO2	NH3	Wipe Sample (1)	Bag Sample (1)	Comments
	05:14:37 AM	Parkway from Mill to main Gate			0	0		0			Nothing on ITX no odor threshold
	05:15:51 AM	Gate 67			0	0		0			Nothing on ITX no odor threshold
	05:18:25 AM	Pittsburg Garden track Rd			0	0		0			Nothing on ITX no odor threshold
	05:43:21 AM	Goodrick Dr @ Richmond Parkway,			0	0		0			Nothing on ITX no odor threshold

(1) Sample to be analyzed later
Refinery

Chevron Richmond

View Name - ::RichmondRefinery-H2S SO2 Overview
Current Time - Fri Oct 31 04:30:35 PDT 2008



CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 11/14/08

TIME OF INCIDENT 1914

REPORT NUMBER E08-1788

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ CFDP Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>SH2S</u>	DIVISION/SECTION <u>D & R</u>	REPORTED BY <u>CARL</u>	PHONE # or RADIO <u>x 2946</u>
-------------------------	--------------------------------------	----------------------------	-----------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
<u>BC60</u>			<u>1914</u>			
<u>U1</u>			<u>1914</u>	<u>1920</u>	<u>1943</u>	
<u>U2</u>			<u>1914</u>	<u>1920</u>	<u>1943</u>	
<u>E3</u>			<u>1914</u>	<u>1920</u>	<u>1943</u>	

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	<u>1914</u>	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input checked="" type="checkbox"/> STL	<u>1914</u>	<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571		(Calcord Freq. 156.075)	
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Poy
O: /Plantprt/Public/Plant protection Forms

DISPATCHER (Signature) [Signature]

Rev. 03/13/08

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What ,When, Where, Why, How)

RESPONDED FOR A LEAK ON THE
FEED LINE TO NHT PLANT AT 5 HAS.
UNIT 1 MADE SIZE UP, UNIT 3 ARRIVED
IN ENGINE 3, UNIT 2 TOOK AIR SAMPLES.
A FLANGE ON A P.R.V WAS LEAKING
AND STOPPED WHEN UNITS ARRIVED.
A MONITOR AND A 5" HOSE WAS
LEFT FOR PROTECTION WHILE MAINTENANCE
REPAIRED LEAK.

PAUL REISINGER
NAME(Print)

11-15-08
DATE

Paul Reisinger
SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 11/16/08

TIME OF INCIDENT 0619

REPORT NUMBER E08-180D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTED BY	PHONE # or RADIO
<u>LPG Loading Racks</u>	<u>CRKing</u>	<u>ERIC</u>	<u>2322</u>
UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED
<u>U1</u>	<u>HARPER</u>	<u>0626</u>	<u>0619</u>
<u>U2</u>	<u>LeDonne</u>	<u>E-3</u>	<u>/</u>
<u>U3</u>	<u>HARDIN</u>	<u>/</u>	<u>/</u>
<u>BC60</u>	<u>FERRER</u>	<u>T1</u>	<u>0626</u>
<u>DU60</u>	<u>Angeli</u>	<u>/</u>	<u>0628</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	<u>0620</u>	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input type="checkbox"/> STL		<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> Coast Guard (415)399-3547	
<input type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> Truck Scales ext. 2-4571			
<input type="checkbox"/> Public Relations ext. 2-2400			
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031		<input type="checkbox"/> National Response Center (800)424-8802	
<input type="checkbox"/> U&E STL (1-D) Cell (510)815-1031		<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Daryl Johnson

DISPATCHER (Signature) [Signature]

Rev. 03/13/08

CUSA-CSB-0019864

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

Alky ops called 4200 to advise CF of a propane leak
At the LPG truck loading RAX. ops blocked in the line
as CF units staged at the "Y" and stood by while leak
depressured. CF units when in service and control of the
incident was placed back in ops.

George Harper
NAME (Print)

11/16/08
DATE

George Harper
SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT Dec 4, 2008

TIME OF INCIDENT 0919

REPORT NUMBER E08-188A

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill - Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - complete Environ. Info Form.	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Safety Notified <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____ CFD Patient Contact Time _____ AMR Patient Contact Time _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>SDA P126</u>	DIVISION/SECTION <u>Hydro-Proc.</u>	REPORTED BY <u>Tony</u>	PHONE # or RADIO <u>X 3507</u>
-----------------------------	--	----------------------------	-----------------------------------

UNIT#	NAME:	COMMAND/ESTABLISHED:	DISPATCHED	ARRIVED	DEPART	INSERVICE
BC60	Bosworth		0919	0923		1059
U-1	Mario Fener		0919	0923		1105
U-2	Shaughnessy		0919	0923		1120
U-3/Trk60	Tandaguen		0919	0923		1115

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSL (U709, 1-A) ext. 2-5050	0919	<input type="checkbox"/> San Rafael Bridge (510)232-9444	
<input checked="" type="checkbox"/> STL <u>Hydro</u>	0919	<input type="checkbox"/> Richmond Dispatch (510)233-1214	
<input type="checkbox"/> STL		<input type="checkbox"/> RPD Watch Commander (510)620-6643	
<input type="checkbox"/> Clinic ext. 2-3240		<input type="checkbox"/> CCC Sheriff Dispatch (925)646-2441	
<input type="checkbox"/> Clinic Front desk ext. 2-3032		<input type="checkbox"/> CHP (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Cal Trans Emerg. Dispatch (510)286-6359	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	0920	<input type="checkbox"/> Coast Guard (415)399-3547	
<input checked="" type="checkbox"/> CFD Chief 1 ext. 2-5483 Pager (510)620-7895		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> AMR (888)650-5472	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> Cal Star (800)252-5050	
<input checked="" type="checkbox"/> Truck Scales ext. 2-4571	0930	(Calcord Freq. 156.075)	
<input checked="" type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> RPD Marine Patrol Boat (510)685-9358	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> National Response Center (800)424-8802	
<input checked="" type="checkbox"/> EOD (U-126) call for fire pumps ext. 2-3031	0920	<input type="checkbox"/> Railserve (U201 or U202 on 1-A) 2-2504	
<input checked="" type="checkbox"/> U&E STL (1-D) Cell (510)815-1031			
<input type="checkbox"/> MGR emergency Services Cell (510)812-0637		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Michelle Morris-Fortson DISPATCHER (Signature) Michelle Morris-Fortson

O: /Plantpr/Public/Plant protection Forms

Rev. 03/13/08

CUSA-CSB-0019866

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

(Include Who, What, When, Where, Why, How)

Units Responded to SDA P-126 for a report of a Leak. Units suppressed vapors w/ 4h 500 gpm from E-3 and 500gpm from BLITZ fire. Operations Isolated the pump, then flushed the pump with wash oil. Units then performed Air monitoring. Results are on attached Unit Log. Plant was then turned over to operations.

NAME(Print)

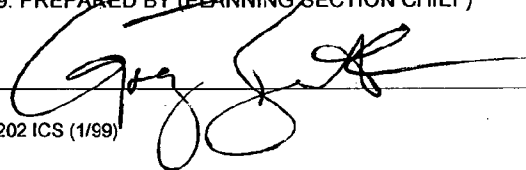
DATE

SIGNATURE

BATTALION CHIEF _____

STAFF _____

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION <i>IC</i> NAME <i>GRB</i>		<i>SDA</i>	<i>12/04/08</i>	<i>09:28</i>
5. INCIDENT COMMANDER AND STAFF INCIDENT COMMANDER <i>Bosworth</i> DEPUTY SAFETY OFFICER INFORMATION OFFICER LIAISON OFFICER		4. OPERATIONAL PERIOD (DATE/TIME) <i>12/4/08 09:19-7</i>		
6. AGENCY REPRESENTATIVES AGENCY NAME		9. OPERATIONS SECTION CHIEF <i>Ferrer</i> DEPUTY a. BRANCH I- DIVISION/GROUPS BRANCH DIRECTOR DEPUTY DIVISION/GROUP <i>A Suppression</i> DIVISION/GROUP <i>C Suppression</i> DIVISION/GROUP DIVISION/GROUP DIVISION/GROUP DIVISION/GROUP b. BRANCH II- DIVISION/GROUPS BRANCH DIRECTOR DEPUTY DIVISION/GROUP DIVISION/GROUP DIVISION/GROUP DIVISION/GROUP DIVISION/GROUP c. BRANCH III- DIVISION/GROUPS BRANCH DIRECTOR DEPUTY DIVISION/GROUP DIVISION/GROUP DIVISION/GROUP DIVISION/GROUP DIVISION/GROUP d. AIR OPERATIONS BRANCH AIR OPERATIONS BR. DIR. AIR TACTICAL GROUP SUP. AIR SUPPORT GROUP SUP. HELICOPTER COORDINATOR AIR TANKER/FIXED WING CRD.		
7. PLANNING SECTION CHIEF DEPUTY RESOURCES UNIT SITUATION UNIT DOCUMENTATION UNIT DEMOBILIZATION UNIT TECHNICAL SPECIALISTS		10. FINANCE/ADMINISTRATION SECTION CHIEF DEPUTY TIME UNIT PROCUREMENT UNIT COMPENSATION/CLAIMS UNIT COST UNIT		
8. LOGISTICS SECTION CHIEF DEPUTY a. SUPPORT BRANCH DIRECTOR SUPPLY UNIT FACILITIES UNIT GROUND SUPPORT UNIT b. SERVICE BRANCH DIRECTOR COMMUNICATIONS UNIT MEDICAL UNIT FOOD UNIT		PREPARED BY (RESOURCES UNIT) <i>[Signature]</i>		

INCIDENT OBJECTIVES	1. INCIDENT NAME SDA	2. DATE PREPARED 12/11/08	3. TIME PREPARED 09:08									
4. OPERATIONAL PERIOD (DATE/TIME) 12/11/08												
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES) <ul style="list-style-type: none"> - Knock down vapor cloud - Contain product - Isolate valves - Gas test OK <hr/> <ul style="list-style-type: none"> - Chase with wash oil to clear system - Leave Blitzfire in place - Turnover to ops 												
6. WEATHER FORECAST FOR OPERATIONAL PERIOD Clear / Calm												
7. GENERAL SAFETY MESSAGE All PPE, no non essential personnel in area safety first, whats the worst that can happen												
8. ATTACHMENTS (✓ IF ATTACHED) <table border="0"> <tr> <td><input type="checkbox"/> ORGANIZATION LIST (ICS 203)</td> <td><input type="checkbox"/> MEDICAL PLAN (ICS 206)</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ASSIGNMENT LIST (ICS 204)</td> <td><input type="checkbox"/> INCIDENT MAP</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)</td> <td><input type="checkbox"/> TRAFFIC PLAN</td> <td><input type="checkbox"/> _____</td> </tr> </table>				<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/> _____	<input type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____	<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____
<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/> _____										
<input type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____										
<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____										
9. PREPARED BY (PLANNING SECTION CHIEF) 	10. APPROVED BY (INCIDENT COMMANDER) 